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THE EVOLUTION OF SURGICAL TECHNIQUE DURING THE LAST HALF CENTURY.

Mr. President, Members of the Canadian Hospital Association, Ladies and Gentlemen:

There are three discoveries in the history of surgery which are of paramount importance. One was when Ambrose Pare substituted the ligature for the red hot knife and cautery; a second was when Morton demonstrated that human beings could be operated on painlessly under the influence of anaesthetics, and the third, and last, when Lister, founding upon the researches of Pasteur introduced the antiseptic principle in wound treatment.

The discovery of ether and chloroform brought with it great changes. Patients anxious for relief from pain submitted more readily to operation now then formerly. New operations were devised and carried into effect. As the field of surgery widened the disappointments to the surgeon increased. Nearly every wound became infected; as a result the patient either succumbed or after months of pain finally recovered. It is impossible to find words, adequate to describe the condition of the patients in the surgical wards of hospitals prior to the days of antisepsis. In one corner of the ward there was a patient whose teeth were chattering from the chills of Pyaemia; near by was the bright red shining face of Erysipelas; a little farther over was a patient in the death agony from Tetanus; still farther down was a patient suffering from Moist Gangrene. Pus was streaming from every wound. The very air was alive with pathogenic germs. The stench of the wards was so bad that many a student fainted on entering them. Healing by first intention was so uncommon that, when it did occur, it was attributed to some freak of nature.

Many surgeons still clung to the idea that balsams, lotions, etc., were necessary for the proper healing of wounds. However, Syme, of Edinburgh, recognized the fact that union of the tissues depended on some living power in them. This surgeon recommended the tying of large arteries with long well waxed silk ligatures. The ends of the ligature were left long for the proper drainage of the wound. The skin was sutured with silver wire as recommended by Sims in 1857. As soon as suppuration began the lint which had been placed over the wound was soaked off. Condy's fluid was used to irrigate the wound. Union never occurred till the silk ligatures had sloughed off.

Sir James Y. Simpson, thinking these long silk ligatures were the cause of all the infections, recommended the compression of arteries by needles. By this method immediate union occasionally occurred.

This was the state of the Glasgow Infirmary when Lord Lister was appointed Surgeon in 1866. Prior to his coming to Glasgow he had begun investigations into the nature and cause of suppuration of wounds. For some time he had taught that this condition was caused by decomposition of blood and serum brought about by the action of minute particles suspended in the air.

About this time the researches of Pasteur on fermentation and putrefaction were published. In these he demonstrated that this was not due to oxygen or gaseous constituent, that air owed this property of producing putrefaction but to minute particles suspended in it. Pasteur further stated that normal healthy tissues are devoid of bacteria. It is upon this postulate that the science of bacteriology is based. It is to this assertion we owe the greatest advance in Surgical Technique the world has ever known. It has led to the saving of multitudes of lives; upon it Lord Lister based his antiseptic treatment. From this has developed the antiseptic era. In fact the whole modern treatment of wounds has been determined and evolved from the assumption that normal tissues are free from germs, and hence, if germs from without are prevented from entering the wound it will heal by first intention.

For some time Lister had advocated the frequent washing of the hands of the surgeon and his assistants and also the frequent dressing of suppurating wounds. In the Infirmary, he continued this work with greater zeal than ever. Stimulated by the facts gleaned from the lately published researches of Pasteur he continued his work on antiseptics. The results of his further investigations are best told in his own words. "In the course of an extended investigation into the nature of inflammation and the healthy and morbid conditions of the blood in relation to it, I arrived several years ago at the conclusion that the essential cause of suppuration in wounds is decomposition brought about by the atmosphere upon blood or serum retained within them; and in the case of contused wounds upon portions of tissue destroyed by the violence of injury. To prevent the occurrence of suppuration with all its attendant risks, was an object manifestly desirable. but till lately apparently unattainable, since it seemed hopeless to exclude the oxygen of the air which was universally regarded as the agent by which putrefaction was effected. But when it had been shown by the researches of Pasteur that the septic properties of the atmosphere depended not on oxygen or any gaseous constituent, but on the minute organisms suspended in it, which owed their energy to their vitality, it occurred to me that decomposition in the injured part might be avoided without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles.

What was to be the material? How was it to be applied? The great master had heard that carbolic acid had been used to disinfect the sewage used on the lands at Carlisle. So successful was this substance in its work that it destroyed the odor and prevented the cattle from becoming infected by destroying the entozoa. At first this substance was supplied in a very crude form. This crude drug as Lister taught was insoluble in water.

His first practical attempt at antisepsis consisted in withdrawing a compound fracture from the action of these germs. He recognized that without cutting off the air supply he was able to transform the compound fracture into a centre similar to that of a simple fracture. To free the wound from microbes was sufficient. Lister removed those that collected in it and prevented others from entering the wound subsequently. Thus he was able to withdraw it from those infections of wounds which had led to such a large mortality. The use of antiseptic materials, that is those substances which destroy germs, became the foundation of his method. For this purpose he used carbolic acid.

In the case of the compound fracture spoken of above, Lister used a piece of calico soaked in carbolic acid to touch the wound and its interstices. Two layers of lint were laid over the wound. To keep the parts germ free the lint was kept moist by occasionally painting it with carbolic acid.

He also observed at this time that the dead tissues and blood clots were replaced by healthy tissue. It was this fact that afterwards suggested the idea of the catgut ligature.

The next step in the pathway of antisepsis was the use of carbolic oil in rendering aseptic the skin over a psoas abscess. A piece of lint saturated in carbolic oil was placed over the abscess. One edge was lifted up, the skin incised and the pus evacuated. Then this mixture of pus and carbolic oil was used as a dressing over the abscess. In a short time only a few drops of serum exuded from the cavity. There was no more pus with which to mix the acid so Lister conceived the idea of making a putty. For this purpose he mixed carbolic oil and whiting in a mortar. This putty was spread on a piece of calico and applied over the wound. Over this was placed a piece of block tin held in position by adhesive straps.

The use of this putty was attended with so many practical inconveniences that Lister substituted a protective dressing consisting of a mixture of one part carbolic acid in four of shellac spread on a piece of calico and painted over with a solution of India rubber in benzine.

Up to this time Lister had used lint to drain abscesses, etc. One day, on removing a piece of this substance from an auxiliary abscess there was such a free discharge of pus that he thought the lint obstructed the drainage. A piece of rubber tubing was taken from a Richardson's spray producer; after cutting holes along the tube, it was inserted into the wound. The next morning, he found the cavity had drained so well that there were only a few drops of serum. Thus the drainage tube was introduced to surgery.

When carbolic acid in its purer form was supplied the great master found it was soluble in about twenty parts of water. Having applied this solution to a putrid sore, next day he found that the odor was gone; and hence he decided to use this weaker solution to cleanse the hands, the skin around the wound as well as for the disinfecting of instruments. He did this because he knew that antiseptics not only destroyed germs, but also injured the cells of the tissues.

Prior to this time waxed silk ligatures had been used to ligate the larger

arteries, while the smaller ones were twisted. Not one of the wounds in which these ligatures were used healed till they had sloughed away.

On December 12th, 1867, Lister ligated the carotid of a horse with a silk ligature which had been soaked for some time in carbolic solution. So successful was this operation that he felt justified when the opportunity presented itself, some six weeks later, to tie the external iliac artery of a woman for aneurism of the common femoral. So successful was this attempt that the patient left the hospital in six weeks. In about one year afterwards this patient died from rupture of an aortic aneurism. He found on examining his work that enclosed in a thin capsule of tissue there were a few drops of pus. Not considering this sufficiently satisfactory and safe to continue its use he set to work to find an absorbable ligature.

In 1868 he took a few strands of the peritoneum from the intestines of an ox, also some fine catgut and ligated the carotid of a calf. One month subsequently he examined his work and found the catgut and other tissues had been absorbed and in its place normal tissue had developed, thus strengthening the arteries. Thus absorbable ligatures came into use.

In some places instead of non-absorbent dressings they were using oakum, an absorbent dressing. It was the use of this dressing that suggested to the great teacher the employment of gauze in the practice of surgery.

The material selected by him and still used all over the world, either impregnated with some antiseptic material or sterilized by heat, was "book muslin." At first this was charged with resin, paraffin and carbolic acid.

In the early Eighties Koch had drawn attention to the value of bichloride of mercury as a germicide.

After experimenting with bichloride, Lister found that gauze impregnated with this substance was better than carbolic gauze since the latter soon lost its carbolic and thus was useless, while the former gauze retained its antiseptic properties because bichloride was not volatile. The great master next used sal alembroth gauze. But this proved too irritating to wounds so he next used gauze impregnated with the double cyanide of mercury with zinc. This dressing proved so satisfactory that it has continued to be used up to the present time.

The results of Lister's work during this time are best described by Sir Hector Cameron in the following words:—"Wounds were found to heal without suppuration or constitutional disturbances; compound fractures and dislocations were robbed of their former dangers which surrounded them; large chronic abscesses connected with bone diseases proved no longer to be incurable even when occurring in the adult; arterial trunks were ligatured in their continuity without fear of secondary hemorrhage or other mishap; joints opened, whether by accident or the surgeon's knife, healed without a disquieting symptom; ununited fractures were treated boldly by removing the ends of the fragments in open wounds; incursions were made with success into departments of practice which up to that date were looked upon as forbidden grounds."

Thus the technique of surgery was established on a sound, scientific basis. It had evolved from a state of empiricism to that of well-grounded

truth. The uncertainty which enshrouded surgery prior to Lister's time is well expressed by Ambrose Pare's statement, "I dressed him, God healed him."

In the year 1888 Robert Koch announced and proved by indisputable evidence that the germs of the air were mainly innocuous. After thoroughly satisfying himself as to the correctness of this statement Lister abandoned the antiseptic spray.

For some years disciples of Lister had been using the antiseptic principles in the treatment of wounds. Many of these carried this treatment too far. Some poured whole kettles full of carbolic solution over wounds, thinking if a little killed some germs, a quantity would kill more. The excessive use of antiseptics in many case was followed by toxic effects. As a consequence they gradually grew in disfavor. As a substitute for them heat was used to sterilize instruments and dressings. Thus the antiseptic era was ushered in by Lister himself, for he was the first to use a dressing sterilized by heat.

Notwithstanding the mighty upheaval made in surgery by the dawn of antiseptics it was not to rest on its achievements. Progress was its watchword.

By this method the field of operation, surgeons' hands, instruments, dressings, etc., are disinfected, by mechanical washing, scrubbing, and by antiseptic solutions and sterilization by heat. The methods of procedure are too well-known to every one engaged in this work for me to occupy valuable time detailing them. Under the conscientious practice of the aseptic method the skull and abdomen are opened. Even that delicate structure the heart has been operated on with success, thus saving scores of lives from what would prove inevitable death. The success of these operations are all the result of a careful operative technique. Thus surgery has passed from the night of infection and empiricism to the dawn of antisepsis and certainty; from antisepsis, with its limited field of operation, to the glorious noon day of asepsis, with its broad operative field.

Kingston. H. A. BOYD.

INADVISABILITY OF TRAINING A NURSE FOR ONE YEAR IN A SMALL HOSPITAL, WITH THE IDEA OF HAVING HER COMPLETE HER COURSE IN A LARGE ONE.*

Last year, at our convention held here in Toronto, a very helpful paper was presented by Dr. Hurd, of Baltimore—subject: "The proper period of training for nurses."

He told us that the conclusions which he had reached, after much thought, were briefly as follows:—

"A course of three years is advisable, only, where shorter hours of service have been established, and where the hospital is large enough to give a good training in all branches of nursing.

In the matter of training, the large and small hospitals should combine and co-operate to supply the deficiences of each other.

* Read before the Canadian Hospital Association.

Many of the smaller hospitals should content themselves with giving a preliminary course, preparatory to admission to a larger hospital.

To take young women for two or three years' training in a small hospital, is unjust to the pupil nurse and also to the public.

Such nurses should be passed on after one year, to larger hospitals with more patients and larger opportunities of training.

In any educational system, the grammar school precedes the high school, the high school precedes the college."

This question of the affiliation of training schools is a very serious one, and, as Superintendent of a small hospital, I would like to enter a protest against the plan formulated by Dr. Hurd.

With reference to the last clause, in which he refers to graded schools, I might say that I do not consider the cases at all parallel.

The primary object of the hospital is the care of the sick, and this is true of the small institution, as well as of the larger one.

A case of typhoid fever or pneumonia is of as vital importance in a town as in a city, and requires just as efficient care. An obstetrical case needs the same attention in a hospital of thirty beds, as in one of two hundred, but if our nurses are to be taken from us at the end of one year of service, to continue their training elsewhere, what is to become of our sick? Are they to be relegated to the care of probationers and junior nurses?

In most cases small hospitals have not much money at their disposal, and it is not possible, nor is it desirable, to install graduates in every department of their work. This work can be done, and to my mind done just as efficiently by our own nurses in their third year of training, and by retaining them in the school, we secure a permanent nursing staff; a staff that will be loyal to their own school; a staff in whom, Superintendent, Hospital Board and Medical Board take a deep and lasting interest. I cannot but think that affiliation with other training schools would prove detrimental to the interests of the small hospital. Besides, I think that the smaller schools have, in the past, proved to those interested, their ability to send out nurses who are able to take their place, side by side with their sisters from the larger schools.

Then why not allow us to give a complete course?

To my mind an ideal course of training (and when I make this statement I scarcely expect it to pass unchallenged) is that of a three years' course in a small hospital and that training supplemented through a position in a large hospital. I do not say a post-graduate course, as I have not found that very satisfactory. A nurse who has graduated from a hospital, which although small, has given a training in all the branches of general nursing, taught in a large one, objects very strenuously when she is asked to spend her time, yes, I might say waste her time in doing again that class of work she has been teaching in her own school.

A great deal has been said and written concerning the length of time nurses should serve in our hospitals, the arrangements of work, and the subjects taught, but the conditions met with in hospitals are so varied that each superintendent must solve many problems for herself. I would like

to outline briefly, my method of dealing with a class of nurses in a small hospital:

Take a hospital of thirty to thirty-five beds, I would ask for a class of fifteen nurses in training, and one graduate who has charge of the operating room and surgical work. In the domestic department, a cook, a laundress, a sufficient number of ward maids to do the work of the house, and a man who can, when required, act as orderly.

Our probationers come to us one at a time as required, and as we have no properly equipped diet-kitchens or demonstrating room, they are taken at once to the wards. The superintendent, coming as she does in daily and almost hourly contact with her nurses can readily estimate their qualifications, and at the end of two months' probation, and often before, will know whether the material is there that can be trained into a competent nurse.

And just here I might say that at one of our meetings lately, it was suggested that the superintendent of the small hospital might find material for her training school from among those rejected by the larger schools. Again, I say no! I think we need the best, as our pupil nurses are placed in positions of responsibility, such as do not fall to the lot of those training in the larger schools.

Having selected the best material, our aim should be to mark well any special qualification each nurse may have, and keep it in mind while developing her along every line. One who comes to us seems specially qualified for the sick room, with no marked ability for successful management. She is advised to confine herself to private duty. Another, by her deftness, and love of operating-room work is marked for a position as surgical nurse in a larger hospital. Another shows marked executive ability, with an aptitude to teach. In her we see the superintendent of a hospital or training school.

Fifteen nurses may seem a large staff to care for thirty or thirty-five patients, but if we have for treatment medical, surgical and obstetrical cases, we will be able to give sufficient work to each. Again, the nurses are not overworked, and there is no need for adopting shorter hours of service.

It is not my purpose to follow a nurse through her first two years of service on the hospital wards, but suffice it to say that by the end of her second year she has been carefully trained in medical, surgical and obstetrical nursing. She is now ready to accept a position of responsibility in the hospital.

The first place assigned to her is the kitchen, where she has charge of the dietary, cooking all special dishes required, supervising the help, giving out supplies from the stores, marketing, preparing requisitions for supplies, etc.

At the end of two months she is brought back to the wards and given charge of the medical department. Here she is expected to have a thorough knowledge of her patients and of their treatment. She teaches and trains the nurse who assists her in her special branch of nursing. In short, she is held responsible for everything pertaining to her ward.

The next two months are spent in charge of the surgical and obstetrical

department. Here of course she prepares and sterilizes all supplies, acts as surgeon's assistant during operations, attends to all dressings, and in the obstetrical department has charge of mother and child.

Two months as night-supervisor follow, and two months spent in the superintendent's office and the pharmacy. While here she receives visitors, records the reception and discharge of patients, gives reports of patients' condition to physician in charge. Receives and records all telephone orders, makes up prescriptions.

These two months spent in close relationship with her superintendent may prove of untold value to the nurse. They stand together as a new patient is being received, and she marks the courtesy and kindness shown to all alike; to the poor woman, bringing in her hand only a "town order," as well as to the person of prominence. She notes the little manifestation of sympathy, which does so much to win the confidence and quiet the alarms of the sick one. She learns to discriminate between the visitor, prompted by curiosity or a desire to while away an idle hour, and the anxious, sympathetic friend whose visit would also prove hurtful. She learn to be patient and tactful with each.

As she accompanies the superintendent on her rounds, her powers of observation can be trained and quickened. And then the minutes alone together in the office are not lost. To-day, a helpful magazine article read aloud by the nurse and discussed. To-morrow, the nurse called from the operating room and the last operative case talked over. Again, Dr. A's treatment of that case of pneumonia, the drugs ordered and results to be looked for. A great many subjects that come under the head of nursing ethics can be taught in this way. No formal lectures given, but quiet talks of fifteen or thirty minutes' duration.

Our nurse is now ready for private duty. One nurse should always be available to respond to a call by the physician. This experience I deem very valuable to the nurse-in-training as well as a source of income to the hospital.

It seems to me that a course of training such as I have outlined will fit any young woman, who has to begin with the qualifications required by a nurse to take her place in the nursing world, either as a private nurse, as head of a department in a hospital, or as superintendent of a small hospital or training school.

However, I do not seek to discount the great value to a nurse an additional training in a large hospital might be, if, instead of merely covering the ground already gone over, it marked a real advance, and if it be given after three years' training in a small hospital.

M. M. MILLER.

Lindsay.

*SURGICAL TUBERCULOSIS.

See Errata p. 369.

I would preface my remarks upon these clinical forms of tuberculosis which are included in the category of surgical affections by expressing my thanks to the Executive of the Canadian Hospital Association for their courtesy in extending to me an invitation to address this meeting.

During the past few years a vast amount of thought and energy has been expended by governments, federal, provincial and municipal; by charity organizations; by church societies and district visitors; by hospital authorities, both lay and professional, and by bacteriologists of note; in the perfection of methods for the detection and care of those suffering from pulmonary tuberculosis and for the protection of the community at large. As the impelling force in this vast movement had its origin in the recognition of the transmissibility of this disease, I have been impressed with the scant attention generally accorded tuberculosis infections other than pulmonary, viewed in the light of their undoubtedly infectious nature.

The treatment of pulmonary disease depends for its success primarily upon the carrying out of certain hygienic and dietetic measures, and, owing to the vivid illumination of this phase of tuberculosis, the results achieved have probably been better on the whole than those obtained in the treatment of such surgical infections as have not been subjected to radical operative measures. I can not help thinking that this lesser success is a direct result of the failure to apply to the treatment of surgical infections the regimen prescribed for pulmonary cases,—rest, forced feeding and outside air.

As a starting point let us review the ward history of the average case of tuberculous hip-joint disease complicated with sinus formation. As soon as possible after admission to the general surgical ward, that is, as soon as the routine connected with acute operative cases and the exactions or emergencies permit, the individual is skiagraphed and the necessary fixation or extension apparatus ordered by the attending surgeon; dressing of the sinus is carried out, and the diet prescribed. Then follows an indefinite period of unavoidable delay while the apparatus is being selected or made, during which time the patient lies in the general ward and partakes with his fellows of the best air which the location and season or the ventilating equipment provides—air which is doubtless of a standard of purity sufficiently sustaining to the average individual not suffering from tuberculosis. If it be during the cold weather, the patient is allowed to remain night and day in the public ward. At other times orders are given for him to be placed on the verandah during the day. To what extent are these orders carried out? Daily dressings are necessary, but, as we all know, in large general wards there is no fixed period at which this function is carried out, especially the dressing of chronic cases. Frequently the residue of daylight is too small to warrant the patient's removal to the gallery that day. In short, instead of the patient being brought in for dressing, he waits in for dressing. During the winter months, owing to the lack of proper protection, he objects to remaining out all day—probably the solitary occupant of the ver-

*An address given before a meeting of the Canadian Hospital Association in Toronto, April 12th, 1909.

andah, and the fresh-air order of the chief or house-surgeon is not infrequently waived in the face of these remonstrances. On the other hand, if the order is enforced, the nurse finds the exposure a hardship, especially where a two-hour temperature has to be taken, and the practice is no doubt occasionally responsible for minor aliments among the nursing staff,—an additional influence tending to keep the patient indoors.

Again, if the discharge from the sinus or sinuses is profuse and curetting is necessary, for which an anaesthetic is administered, there is a temporary withdrawal of the normal food supply, and for some days, while in a lowered state of resistance, the patient is confined strictly to the ward.

The appetite gradually dwindles in spite of an extensive list of extras upon his diet card. Still later he becomes anaemic and a chalybeate is prescribed. Interest in his own progress perceptibly wanes until the chief joy of this "chronic" is the advent of an "acute" and only an ambulance case can rouse him to an elbow posture,—a state of mind which reflects very truly his depleted physical condition. In this way the winter months are dragged through,—with improvement, it is true, but an improvement which does not balance with our actual knowledge of how such cases should be treated nor our skill in treating them.

The patient whose history we have reviewed is much in the position of one of the impounded herd of Tolstoi's parable, in which a municipality of ukases enjoining the sowing of grass seed, the building of protecting sheds, the washing of udders and, finally, daily grooming, proved ineffectual in staying the gradual decrease in the milk supply, as the cardinal essential—the levelling of the pailings—was withheld. What these animals required was fresh brouse; what our patients require is outside air.

This element, air, is concerned in all forms of ventilation; it is to be found of a standard of purity suitable for therapeutic purposes, however, only on the outside of the four walls of the hospital ward. There it is "outside air," not to be enticed through the ventilators of double windows or forced through ventilating shafts. In other words, "outside air" can not be imported.

How can we best eliminate in the conduct of cases of this kind the odd ends which tend to invite failure or at least postponement of recovery? I am of the opinion that the first step in this direction must be the provision of special and separate accommodation:—an open pavilion or verandah equipped with canvas shields for protection against unsuitable weather conditions, where patients will be constantly in the fresh air. During the colder months dressings should be carried out in a heated apartment adjoining. The nurses in charge of the ward should be suitably clad for the season. An orderly should be always promptly available for the shifting of beds.

At night the patients should be moved into a comfortably heated ward, as it is probably Utopian to hope that the average individual may be induced to spend a winter's night in the open air, although I am personally convinced that with a proper equipment only comfort and an exalted feeling of well-being result from this procedure. As a matter of fact, to carry out open air treatment during the day in cold weather requires such a special equip-

ment;—that is, an impervious mattress (preferably of felt), flannelette blankets instead of sheets, a Jaeger or four-point blanket, an eiderdown duvet, and, occasionally, a hot-water bottle. The patient should wear flannelette pyjamas, warm socks, a warm bed-jacket and a light woollen toque. It is very essential that the coverings should be light. A weight of bed-clothing is most irksome and detracts from the benefits of the treatment. If protection against wind is provided, the equipment described is ample for winter weather where the temperature is 10 deg. F., or higher. Too much stress can not be laid upon the quality of the mattress. The patient can heat only the surface, and with most economy of heat energy that which lies beneath. Light coverings provide for proper body ventilation. The bed-clothing should be secured by means of blanket safety pins along one side and across the foot of the bed.

Under the plan proposed the serving of the mid-day meal during the colder months would be the chief obstacle. At this season, breakfast and the evening meal could be served indoors, and with sufficient assistance I am satisfied that the serving of the mid-day meal would not present insuperable difficulties.

Every precaution should be taken in the disposal of infected material. How frequently one sees tuberculous material, such as caseating glands, joint curettings, or dressings from sinus cases, treated as ordinary infected material and disposed of in the ordinary dressing tins, instead of being destroyed in the furnace! These casual methods show as little regard for the community, inside and outside, as the disposal of sputum by way of the sink.

In the regulation of the diet of this class of patient we are far in the wake of the physician. It is not enough to prescribe a liberal diet; it is necessary to see that the patient gets what is prescribed, that it is served in a palatable form, and finally, that it is consumed. I am confident that a liberal Providence, through the medium of a generous public, leaves little to be desired in the quality of the raw food stuffs supplied to our hospitals, but the source of cooks is a moot question, and I have often felt on inspecting the product of his or her art, as served in the hospital ward, that the patients partaking thereof were trusting largely to the uncovenanted mercies. There are undoubtedly good cooks abroad in the land, but unfortunately Hospital Boards of Management are apt to hold that a high-priced cook is out of place in a charitable institution. Tuberculous subjects, above all others require not only food in abundance but food which is properly cooked and served in an attractive form. These patients, in addition to three full meals a day, should be given at least half pint of milk between breakfast and the mid-day meal, at three o'clock in the afternoon, and before lights out. Raw eggs may be added. Such an extensive diet can be accepted only by those who are constantly in the outside air.

In order to appreciate the effect of fresh air and liberal feeding, the patients should be weighed once a week, and, as suggested by Doctor Joseph Pratt, of Boston, improvements in weight should be posted at regular

intervals as an incentive to those who cavil at the forced feeding and out-door regimen.

While apart from operative measures the essentials in the conduct of these cases are rest, liberal feeding and fresh air, we have in tuberculin a valuable adjuvant. My personal experience has been chiefly with the use of that form known as Tuberculin Rest or the T. R. of commerce, administered in doses varying from 1/3000 to 1/800 of a milligram, according to the body weight, at intervals of ten days to two weeks,—the treatment extending over a period of six months to one year.

Where sinuses exist there is always a superadded pyogenic infection, which can be best combatted by the administration of an homologous bacterial vaccine.

With the expansion of a knowledge of the use of tuberculin there has been a marked diminution in the number of localized surgical infections subjected to operative interference. Until comparatively recently extensive resection of tuberculous glands was practised as a routine method. At the present time a large proportion of these cases are selected for treatment by more conservative methods and with decidedly better results. In the treatment of joint infections the resections of yore have been largely replaced by the employment of fixation apparatus, the use of Bier's bandage, puncture followed by the application of Klapp's suction cups, and the routine administration of tuberculin. Tuberculous peritonitis is now less frequently treated by incision and drainage; rest in the open air and a liberal diet offering in the majority of these cases a less unfavorable outlook.

In the treatment of surgical tuberculosis it is only a question of time when our hospitals will have to grapple with the family side of the problem. Bread-winners will not progress favorably if their minds are not relieved as to the maintenance of those dependent upon them. Mothers also must know that their children are not being neglected.

When discharged from the ward all patients, whether receiving tuberculin or not, should be instructed to report regularly at the out-patient department, and the names of those failing to do so should be referred to the district nurse for investigation. Cases of localized tuberculosis should not be allowed to return to the conditions under which the disease was contracted without an effort being made to discover and eliminate the source of infection or the predisposing factor, whether the latter be an undesirable occupation, insanitary housing, or a defective food supply. I would go a step further in expressing the opinion that all cases of localized tuberculosis should be reported. If such a process were legally enforced, these cases would be brought immediately under the eye of the civic authorities and the Tuberculosis League, and I am confident that in many instances evidence of infection in other members of the household would be detected. It is only by such careful supervision that relapses or metastases may be recognized early, that permanent cures may be effected, and that that millennium may be looked forward to when tuberculosis shall have become a comparatively rare affection.

There is nothing new in what I have put before you. The various ideas

here assembled have all passed through the crucible of criticism and emerged as truths which may now be safely engrafted upon the Tree of the Art of Healing. The method of treatment outlined would, I believe, lead to a very material curtailment of the average time of retention of these patients—an achievement most urgently to be desired and yielding a three-fold blessing; a lessening of the tale of suffering; an earlier resumption of wage-earning, education or domestic duties; and a broadening of an institution's scope of usefulness.

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MANAGEMENT OF INFECTIOUS DISEASES.*

In every infectious disease, very much may be accomplished in the way of prevention. Unfortunately in the majority of such diseases there is no specific, prophylactic treatment such as we have in smallpox. If such were the case, it would only be a matter of time until all infectious diseases would be exterminated from the category of medicine.

However, we must not overlook the value of anti-diphtheritic serum and vaccine therapy, and while we have not derived from them all that our expectations may have desired, still, there is no doubt but that a great field of research has been opened up, and ere long much may be accomplished which shall be of value from a practical standpoint.

Since we are not yet able to produce immunity against all forms of infectious diseases we must try and limit every focus of infection, and also try and prevent the germ carrier from mingling with the public.

To limit every focus of infection is not always such an easy matter, because:—1st. There is an absence of symptoms in a great many cases, and consequently the physician is not consulted. 2nd. The laity are often very ignorant of the importance of preventing contagion. If these difficulties could be overcome every infected case should be placed under rigid quarantine. Every case should be isolated, if not in an Isolation Hospital in a suitable room in the private house and neither the patients nor the attendants allowed to mingle with the public. Schools and churches should be closed where the disease is epidemic, public funerals should be prohibited, and children should not be allowed to play together on the street. Then the importance of the living germ carrier in disseminating infection although a comparatively recent discovery is worthy of consideration.

There are at least four types of carriers,—

1. Mild or unrecognized cases.

2. Convalescents released prematurely from quarantine.

3. Nurses, physicians, attendants, members of the family and articles which have been in contact with the patient.

4. Those persons who have never showed signs of illness and who have not been in contact with a germ carrier and who nevertheless harbour the specific germ.

* Read before the Canadian Hospital Association.

Types 1 and 2 have been recognized for some time and medical school inspection has taken into consideration the importance of control in such cases.

The danger from the other two types, although well established is not so widely known. For example, when diphtheria broke out in a home, those exposed are often given a prophylactic dose of antitoxin, and because they do not develop an acute attack of diphtheria they conclude that there is no infection present. This may not be the case, however, and in certain cases a sort of biological toleration seems to be established between the bacillus and the patient, so that the person will become a chronic diphtheria carrier, although remaining entirely well.

The fourth type of carrier in whom no history of illness or contact can be secured, is never difficult to detect and control.

In default of routine examination of all school children the presence of germ carriers of this class is only brought to light when cases of the disease due to their agency appear in a school or institution. The existence of such germ carriers makes it imperative to trace to its source every case of an infectious nature breaking out in a school or institution.

The next important matter with regard to prevention is the thorough disinfection of the room, and everything that has been in contact with the patient.

Every city should have a steam disinfecting station where all articles such as carpets and bedding, etc., can be thoroughly disinfected. Failing in this, they should be thoroughly disinfected by other means or burned.

The above precautions having been taken we can still assist nature in strengthening our constitution, and in increasing our resistance, and therefore decrease the liability of being afflicted by any disease.

The consideration of the hospital management of cases of an infectious nature, I think it well to consider under two classes. 1st. The mild cases. 2nd. The severe cases.

Whenever a mild case enters an Isolation Hospital we have to take into consideration not only the patient, but also the friends and the public. The first, and one of importance, is the patient. I might say here that I do not intend to go into a detailed account of the medical treatment, but merely the general management and difficulties with which we have to contend. And while the actual treatment of any mild cases of diphtheria for example, consists in leaving it to nature, or in giving a few thousand units of antitoxin, still we must not overlook the importance of the persistent vigilance necessary in the successful nurse in order that severe or fatal complications may not occur. For example, as a matter of routine, the temperature in mild or convalescent cases is often looked upon as being of no importance, and consequently its accuracy is sometimes questionable when taken by a disinterested nurse, but every nurse who has had a thorough training in infectious diseases knows only too well that it may be an indication of some complication, or associated condition which may mean nights of worry to the friends and days of persistent vigilance and constant attendance to herself. Therefore, the slightest elevation of temperature should be reported

at once and if thorough examination of the patient by the physician reveals no complication, the patient should be put in a single ward in case he may be developing something of an infectious nature, and the development watched closely, until the physician is satisfied that his suspicions were unfounded. It is only in this way that you can minimize the ravages of a secondary infection in an institution dealing with contagious diseases which are most prevalent among the young and immature.

The next difficulty with which we have to contend is the friends, and it seems to make but little difference whether they came from the domicile of the poor or the palace of the rich, a great many expect privileges which it would be dangerous to allow in an Isolation Hospital. Therefore it is well to have certain fixed rules founded on the principles necessary for the prevention of contagion and adhere to these rigidly, irrespective of the ill will which you will undoubtedly obtain during the patients' stay in the hospital.

Now let us consider briefly the management of a severe case, and I think it well to confine our attention to a severe case of diphtheria, because I think there few diseases that require the same amount of constant vigilance, shrewdness and good judgment on the part of the nurse as a severe case of diphtheria. Few diseases prove fatal in such a short time. Few diseases are so fatal without showing more physical signs, but I might also say that there are few diseases in which there can be more done if we are able to interpret the danger signals in sufficient time. You might ask me what I would consider a severe case of diphtheria. The answer would be, all cases showing a pharyngeal exudate covering more than the tonsils, all cases of laryngeal invasion, all cases with pharyngeal exudate and profuse nasal discharge, and all cases with much enlargement of the cervical glands or evidence of toxaemia should be considered seriously and watched closely.

The nurse in training, however, has no doubt divided these into two great classes, because to her they seemed the very opposite and therefore, the more striking from a comparative standpoint. On the one hand she notices the child with enlarged tonsils and marked peritonsillar swelling, she notices that not only the tonsils, but also the uvula, the soft palate and part of the hard palate are covered with membrane. From the nose there is a nasty offensive, sanious discharge. The temperature is but slightly elevated and the pulse somewhat accelerated, but more pronounced than all of these is the general appearance of the patient. The child seems very dull and listless and his face bears that peculiar ashy and distressed appearance which when once seen can scarcely be forgotten, in it alone can the shrewd and observant nurse read the prognosis almost as easily and accurately as the ordinary individual can read the barometer. There are the cases which unfortunately have been mistaken by the parent for mumps, croup, bronchitis, and endless other maladies and consequently have received little or no treatment, and they are terribly surprised when the physician informs them that it is "too late." I mention this as an extreme case, possibly, to show you how important it is for the nurse to keep up a constant scrutiny least what at first appeared to her a mild case might pass into one of this calibre. I might say that I have seen them do so in less than twenty-four

hours, and you can imagine how humiliating it must be for a nurse to be told by the physician that he was not called in time. It is by recognizing these conditions as early as possible that the nurse can be of greatest service to the physician.

On the other hand she has seen what appeared to be a very mild case with apparently very little evidence of toxaemia do well for about two weeks. Then, without apparent cause, the child began to vomit, but she paid no attention to this and allowed the patient to sit up and, to her surprise, the child suddenly became worse and died. Now the observant nurse would have noticed that previous to these symptoms there was a sudden drop in the pulse rate and that it was also slightly irregular, and no doubt would have kept her in the recumbent position and absolutely quiet, and with the assistance of the physician, whose attention she would have directed to this, she would undoubtedly have avoided this apparently sudden and fatal syncope. I take this as an instance of the care required with respect to complications involving the heart and those of you who are familiar with diphtheria will no doubt agree with me that it is not exaggerated. True enough, many die from heart failure, the result of thrombosis, or changes in the muscle wall itself, but the premonitory symptoms indicative of such changes are seldom so well marked that the nurse should always be expected to apprehend these, but in a case such as I have mentioned, where prodromal symptoms are invariably present, where we invariably find a sudden drop in the pulse rate, vomiting, abdominal pain, and disturbed respiration, there is no excuse for her if she does not recognize them and take the necessary precautions.

In conclusion, I have taken into consideration the fact that I am addressing an audience who are quite familiar with the management of any acute illness, and consequently to mention anything about hygienic, dietetic and medicinal measures would only be a repetition of well-known facts. I hope that you will pardon me for undertaking the discussion of a subject which is undoubtedly worthy of the consideration of the physician rather than the nurse.

Riverdale, Toronto. K. M. MATHIESON.

SOME POINTS IN THE ARCHITECTURE OF SMALL HOSPITALS.*

In this paper I do not propose to deal with the history of hospital building nor what has led up to the present day hospital, nor even the evolution and development of the small hospital, but to come straight to the point and deal with the architectural problem of the small village or city hospital of the 20th century.

Site.—Before taking up the planning of the hospital itself let us consider the very important subject, the site.

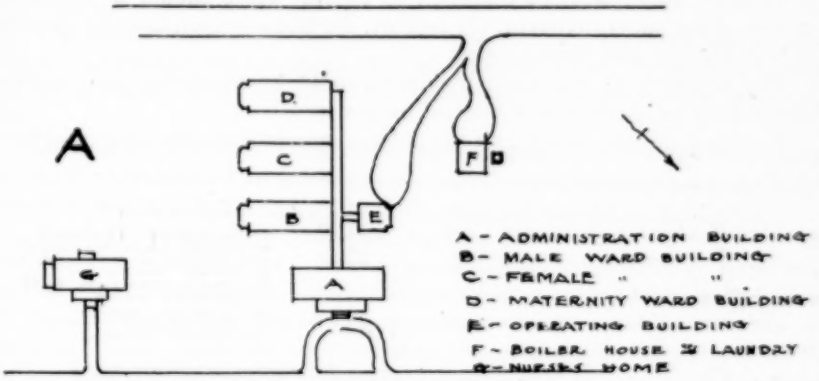
Attractive sites for town halls, schoolhouses and other public buildings are not always suitable sites for hospitals. The site selected for a hospital should be accessible, at the same time in a quiet location, away from disturbing noises. A lot gently sloping toward the south, with extended views, having sheltering woods to the north and east, would be very desirable.

* Read before the Canadian Hospital Association.

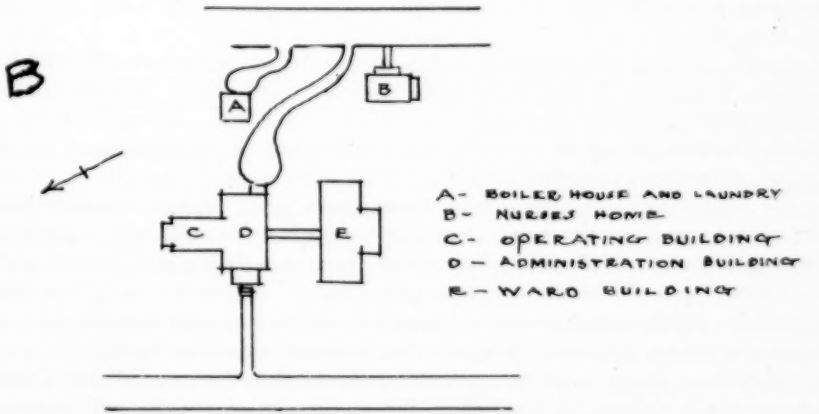
The size of the lot should be carefully considered. Do not try to build on one too small to allow for the growth of your institution.

In building the first group the future plans for the development of the entire institution should be studied and the building laid out to the best advantage. But do not try to do this alone. Employ an architect who has made hospital planning a specialty and work with him.

Let us consider a few possible sites for a hospital. Here is one (Scheme A) that was given me to put a 30-50 bed hospital on:



Another smaller lot in a village, which lot was much too small, was worked out in this way: Scheme B.



But for our purpose of discussion this morning let us take an ideal site where, say, 75 patients will ultimately be accommodated. Scheme C.

It may not be possible at first to build all of these buildings, but all should be planned in reference to the others, and some temporary expedients may here be employed, such as temporary operating rooms in the second storey of administration building, nurses' accommodation in the third storey, and patients in the basement, etc.

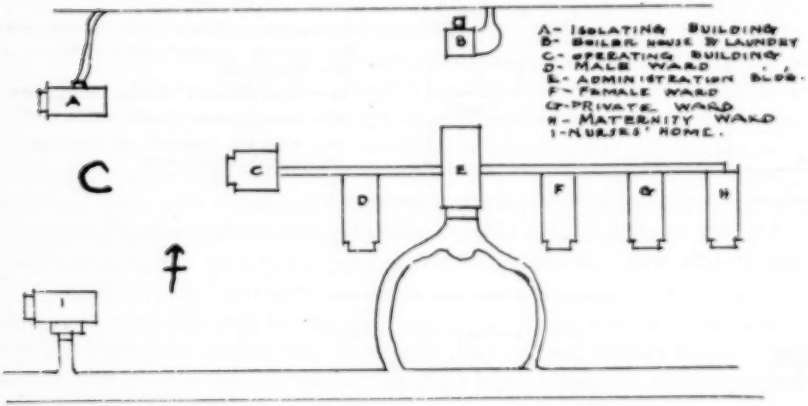
50-70 Bed Type.—Perhaps the average small hospital is from 40 to 60 or 80, starting out with, say, 30 to 40 and developing as the needs increase.

In laying out any hospital, as I have said before, the needs of the coming years should be considered, and whatever is built at first should be built with reference to the completed whole. Oftentimes the central or administration building will be all that can be built at first and in this must be temporarily disposed all of the departments.

Administration Building.—In the centre of our group should be placed the main, or administration building, so called. Here should be the headquarters of the superintendent, the interne, the housekeeper, and the pharmacist, the kitchen and dining-room.

The entrance to the main building should be attractive and inviting. Make it look as cheerful and hopeful as you can.

I will not go into detail with the offices, superintendent's suite (and he or



she should have as pleasant a suite of rooms as can be), the reception rooms, telephone booths and toilets.

In regard to the nurses' dining-room—here again make the room cheerful. Get away from the hospital atmosphere, give the walls color and hang them with pictures and casts. Even in the small hospital which I am describing I would give the staff a separate dining-room. It may be small, but make it separate for the sake of both the staff and the nurses who must be on their dignity when on duty and need to relax when at meals, at least.

Kitchen.—Much could be said about the kitchen for around this centres the life and health of the institution, for no amount of nursing will make up for poor food. The kitchen should be well ventilated, well lighted, and should have well arranged cooking apparatus. I prefer the placing of the range in the centre of the floor, carrying the flue through the floor and then to the chimney.

The sinks and dressers should all be a few inches away from the wall. The floor should be impervious and easily cleaned. Steam tables and steam cookers facilitate the work. Separate working pantries, dish-washing room,

scullery, and store closets also help. The main storage refrigerator should be near the kitchen and should have at least two separate compartments.

Large kitchen store-rooms can be provided in the basement. Here, also, could be a small pathological laboratory, drug storage, X-Ray room, furniniture and general storerooms, or a small out patients' department.

It will doubtless be necessary, at the start, to utilize the second and possibly the third storey for patients.

Private rooms or a temporary maternity department can be planned to advantage in this building.

The administration building should have the elevator and for a small hospital I consider the automatic electric type, where one "presses a button" and the elevator "does the rest," the best. Have the car simple, metal the best.

Corridors.—The connecting corridors should be closed on the first storey, but the second storey I would have open to the south and closed to the north, thus affording additional airing balconies from the second-storey rooms.

Ward Building.—Now may we consider the ward building? For the greatest efficacy in service I consider the two-storey ward building better than the one. It is also easier to administer, provided elevator service is to be had.

As I stated before, the ideal exposure is for the ward building to run north and south, with the open ward to the south and the corridor to the north. This position makes it feasible to have the private wards on either side of the building. Make the windows large and near enough to the floor so that patients lying in bed can see out-of-doors and enjoy the view. Make your south end of the ward one mass of windows. Sunlight is cheaper than medicine, and if it takes too much coal to heat the room put in a double run of sash.

Diet Kitchen.—Of the accessory rooms perhaps the most important is the diet kitchen. Don't try to economize on the space of the diet kitchen to too great an extent. A member of the building committee on one of our well-known Boston hospitals said to me when I urged the enlarged diet kitchen, even to sacrificing a small room—"We must have the extra room for a patient and the nurses will get along somehow." Well, the nurses have gotten along, but every visitor to that hospital comes away with the same criticism—the diet kitchen is too small. So, I say, don't try to economize on your diet kitchen.

This should be provided with steam table, cases for china, etc., tray racks and refrigerator. And just a word in passing about the china cabinets. I used to think that if cabinets were made movable they would be moved for cleaning. But the nurses complained that they were too heavy, so I devised a cabinet which does not need moving and, by making the top slant 45 degrees to the wall, protects the shelves from dust and enables the top to be easily cleaned. The shelves and ends are kept one inch away from the wall, there being no back. To prevent the small articles from going over the back of the shelves, a small upright is fastened to the back of each shelf, having a coved angle. With this construction every particle of the cabinet is accessible. I would apply this rule to all pantries, store closets, etc., where there are open wooden shelves.

Toilets and Baths.—The toilets and baths should receive much attention. The bath should be in a separate room, or at least screened from the toilet by opalescent glass partitions. The bathroom should have room for attendant at both sides of the tub and enough room on one side for a wheel cot.

The water inlet should be large enough to fill the tub in the shortest time and the waste and overflow should be so arranged that every part of the inside is accessible.

Waterclosets should have the seats cut away at the front and the low "Naturo" shape is approved by many specialists.

The slop hopper should either be in a separate room or screened from the general view. The sterilizing hopper is a very desirable adjunct, also a small instrument sterilizer for sterilizing the instruments used in dressing. A ventilating hood is also desirable for the disinfecting of dejectures but when the sterilizing hopper is used this would not be necessary.

Provision for towels, blankets and mackintoshes should be provided in the toilet and bathrooms.

Nurses' Room.—When space and appropriation will permit, a nurses' duty or chart room is not only desirable but will be found very useful, although in many hospitals, particularly the Boston City Hospital, the nurses' stations are in the corridor of each ward, where, with suitable chart cases, the records can be properly cared for.

Linen and Clothing Closets.—A well-ventilated and lighted linen room should be provided for each pavilion. Shelves should be open so as to allow a free passage of air and further circulation of air obtained by cutting the door 1 inch short and providing a ventilator from same.

A room for the hanging of hospital clothing, with lockers or partitions, should be provided.

Medicine Closet.—A medicine closet, with small sink, glass shelves, should be provided. Here, again, the wall should be kept free from fixtures and the sink set in either glass or polished copper.

Closets.—One word as to the hospital clothes closets. They should have no re-entering angles. If placed across the corner, with the door the entire width of the closet, very little room is lost from the ward.

Solaria and Airing Balconies.—A solarium connected with an open ward is a pretty good thing, but I believe in plenty of large windows, making practically a solarium of the whole ward, then providing ample airing balconies from all wards and private room so that the patient can be wheeled at will into the open air. Too much emphasis cannot be put on these airing balconies

Private Ward Building.—Where it is possible, a separate building should be provided for private patients, with more of the luxuries and conveniences, such as private baths, larger rooms, and better furniture.

Just a word about hospital beds. I find the most practicable bed is that with the bars at the head running horizontally instead of vertically as these make an exercising bar for the convalescent. I would have all beds, especially in the private pavilion, provided with large rubber-tired castors or wheels, for with the airing balconies everywhere the beds can be wheeled in or out at will.

Operating Building.—The operating department should be isolated. A separte one-storey building is the most ideal arrangement. It should contain an admitting room at the ambulance entrance connecting closely with the accident room, having good north light. This room would also be used for any septic cases and should connect with no room except corridor or admitting room.

The major operating room, should in my opinion, have no immovable fixtures and no plumbing. A small instrument sterilizer is sometimes desirable, but with the sterilizing room close at hand even this is not necessary. The lighting of this room should have careful study, both for the day and night. For the day, large vertical windows and skylight toward the north are the best. These windows should be double or with a glass screen, as in the Jefferson at Philadelphia. The ceiling lights can have rolling shades between the glass should the light be too strong, as at Beverly or Peabody, Mass.

For night light, electric is the most satisfactory, either by a large number of lamps at the ceiling or by lights on a swinging crane, which are out of the way when not in use. This latter appeals to me as the most satisfactory so far as I have observed. It is well, where gas is available, to have an auxiliary gas burner.

Next in importance is the sterilizing room. This should not be too small for at best it is not a desirable room to remain in when sterilizing is going on, and should be well ventilated. There should be connected with the sterilizing room a nurses' room for the preparation of dressings, preparing for operations, etc. Besides cases for sterilized and unsterilized dressings there should be a blanket warmer.

The surgeon's room should have a group of two or three bowls with elbow or knee valves with spray nozzles. A shower and toilet should also be provided.

Anaesthetizing and recovery rooms will make this building complete.

The treatment and construction of floors have received much attention and must receive much more before the perfect floor is obtained. Glass slabs, vitreous tiles, terrazzo, gypsum flooring, and even asphalt and granolithic have been used with more or less success.

For the walls of the operating room the glazed tiles make a well nigh perfect surface.

Time will not permit to mention the devices for swinging doors, electric signals, method of finish, etc.

Maternity Building.—Perhaps the department which brings in the greatest returns is the maternity department. This, as the hospital develops, should have a separate building and I would place this building at the extreme end of the group so that it would be unnecessary to pass by or through this building to reach others. The construction could be the same as the general or private ward building, having the same kind of baths, toilets and other offices.

If open wards are used, I should advise three or four beds, at the most, in a single ward, but more private wards with perhaps private bathrooms. Isolation rooms, with special toilets, should be provided for the occasional infectious case.

The delivery rooms, sterilizing room, labor room, and doctor's waiting-room should be cut off from the other wards by doors and should be treated in detail much the same as the operating suite.

The baby rooms should be large sunny rooms with airing balconies adjoining. Linen closets, blanket warmers, and even a fireplace are quite desirable. Airing balconies to the rooms and wards, of course, solaria are also desirable for convalescents.

Children's Ward.—The children's ward in a hospital is, to me, most interesting. It should be bright and sunny. Special decoration about the walls in tiles or color, an attractive window or some form of decoration, all help to amuse the little ones and so hasten recovery.

In one children's ward, which I built, the donor gave a beautiful window containing a life-size portrait of his little daughter in memory of whom he gave the building. The little girl is represented as stepping out of a garden, holding a bunch of lilies. This portrait window was so beautiful by day that we felt it was a pity not to have its beauty after dark. So an electric light was arranged outside and the ward is dimly lighted at night through the beautiful picture window.

Special convalescent dining-rooms and toilets for the children, and a play-room, are desirable.

Nurses' Home.—Nearly every hospital has its own training school for nurses and the nurses' home (but I believe here in Canada you call it nurses' "residence," and I rather like the idea).

It will take no argument on my part to convince you that the nurses' home or residence should be a separate isolated building for the nurses who are caring for the sick and injured while on duty should, when off duty, get entirely out of the hospital environment and atmosphere. This building should be as homelike as possible, should contain sitting-rooms and lecture rooms and a small diet kitchen; and do not try to economize by putting two nurses in a room as is often done. To do her best work a nurse must have the best opportunity for rest.

Few hospitals can aspire to have a nurses' residence to compare with the magnificent building for that purpose here in your own city at the Children's Hospital, but it can be made attractive and homelike.

Isolation Ward.—Lastly, let us consider the isolation ward. That the isolation or contagious hospital of the town or city can be better administered by the general hospital than as an independent institution goes without saying.

The prevalent idea of a contagious hospital is a separate building for each of the so-called contagious diseases. This would necessitate providing wards of maximum size for each of the contagious diseases, to manage which would require a large force whether there were two or three patents or the full capacity of each ward. How much more simple to have one building where all contagious diseases are treated, as in the Pasteur Hospital in Paris. If the physician can go from one patient to another, from scarlet fever to diphtheria, from measles to typhoid, from one house to another, why should not the attending nurse, if she but observe the same laws of antisepsis, go from one patient to another in the same building? If one is safe the other is safe.

To accomplish this a special ward must be constructed. This ward should be isolated from the hospital group by at least 50 to 60 feet.

One admitting room will answer for all patients provided they do not come too fast; in other words, giving time to properly disinfect the room between succeeding cases. The patient is relieved of his street clothes which are dropped into disinfecting solution in the disinfecting room in the basement. After the bath the hospital clothes are put on, the patient placed on the wheel stretcher, covered with a disinfected sheet, and wheeled into one of the isolating rooms.

These rooms are much like the regular private ward except that the entire wall toward the corridor is of glass, as well as the partition adjoining the next room. This throws each room into view the same as if the patients were in an open ward and the nurse can have the same surveillance over the patients and still they are completely isolated each from the other. Each of these isolation rooms contains a door and a window leading to a balcony as well as a door to the corridor. This balcony serves two purposes:—

1st. It enables the parents and friends of the patients to visit their loved ones and hold communication with them from the outside through the glass, and

2nd. In the case of a particularly malignant disease, the door to the corridor can be sealed and the patient can be approached from the balcony door only.

Besides the bed, each room should contain a sink with large faucets from which a portable tub can be filled and a drain in the floor where the tub can be discharged. Then, after disinfecting tub and person, the nurse can leave her gown for that room and attend to the next patient.

Convalescent wards for three or four beds will facilitate the care of convalescents who are recovering from the same disease.

Of course all food receptacles must be sterilized, all food being brought from the hospital kitchen.

By placing the male patients at one end and the female at the other, one diet kitchen, one linen closet and one admitting room suffice for the entire building.

Dr. Louis Martin, the physician in charge of the Pasteur Hospital, states that from the year 1900 to 1905, "We have received nearly 5,000 patients and the cases of cross infection have not attained the total of two in one thousand." The sister who took me about this institution in 1907, and who had been there for several years, said she had never known a case of cross infection. This is more than can be said of many of our city hospitals where each disease is segregated entirely from the others.

I would recommend that a small nurses' quarters be placed either directly above or adjoining this ward for the nurses while on contagious duty.

I fear I have already wearied you with much detail which you already knew, but perhaps a little more about construction might not be amiss.

The question of floors has been one of the most serious problems I have had to encounter. Wood floors will shrink and swell. Terrazzo floors are expensive, cold, and may crack. The gypsum floors are open to much the same

criticism. So far the most successful floor, to my mind, is the linoleum floor, cemented to a concrete base. This was successfully used on one of our hospitals and I am preparing to use it on one I am now planning.

I believe in the finish being absolutely simple, no projecting surfaces, doors without panels, and, as I mentioned in the description of the ward building, all cases, cabinets and racks made movable and capable of being easily cleaned.

In other words, let your plan be simple, straightforward, arranged for the maximum of service with the minimum outlay of strength, keeping uppermost in mind the best care and comfort of your patients.

EDWARD F. STEVENS, A.A.I.A.
Hospital Architect.

Boston.

WHAT A WOMAN'S HOSPITAL AID SOCIETY CAN DO.

This is not the history of any brilliant scheme, grandly conceived and grandly carried out, but the simple story of what a few earnest women, actuated by the highest motives, have accomplished for the benefit of a hospital. It is told in the first place because I feel so deeply how much the hospital with which I am connected owes to the Woman's Hospital Aid Society, and secondly, because I know there must be many societies in this country doing a similar work, and it seems fitting that such important factors in the support of our hospitals should receive some recognition from the Canadian Hospital Association.

The Woman's Hospital Aid Society, with which I am best acquainted, is co-existent with the hospital. Its first work was to raise sufficient money to furnish the building on its completion. Good substantial furniture was bought which has stood the wear and tear of eighteen years, and is apparently equal to as many more. The Society also generously supplied the hospital with bedding, linen, dishes, cutlery, etc.,—in fact, everything necessary, and all the best of its kind.

The early minutes of the Society make interesting reading. One month we find the members voting $200 to help equip a laundry. Again, they offer to paint the wards, and with rare magnanimity leave to the Board the choice of colors. Another month they are planning some large entertainment, involving an immense amount of work, but their coffers need replenishing and something must be done. And so the work goes on, year after year, the zeal and energy of the Society keeping pace with the needs of the hospital.

About five years after the hospital was opened the accommodation was found to be inadequate, and it was necessary to build a wing. Again the Woman's Hospital Aid Society came to the help of the Board, and when the new part was completed, supplied all necessary furnishings. This was done in the same cheerful, satisfactory manner that characterizes all their work. But the addition of six private rooms and six semi-private beds made it imperative to have more nurses and there was no room for a larger staff.

What was to be done? Once more the Woman's Hospital Aid Society was equal to the occasion, with the result that a comfortable and substantial stone cottage was built and in due time handed over to the Board. This was an immense improvement on the attic rooms which heretofore had been the only resting place the weary nurses had, and the great benefit of a separate residence was very soon apparent. Not only was it possible to increase the staff, but the better hygienic surroundings have had a marked effect on the health of the nurses, and cases of sickness among them occur must less frequently. A few years later, when the work of the hospital had increased, the staff had of course increased proportionately, until it again outgrew its accommodation. Here was another opportunity for this untiring society to prove its worth, and in 1905, in conjunction with the Daughters of the Empire, they carried to a successful termination a highly creditable Made in Canada Exhibition. The money raised in this way was divided between the two societies, the share coming to the Woman's Hospital Aid Society being sufficient to allow them to enlarge the Nurse's Cottage by the addition of another storey. A beautiful broad verandah was also built at this time, the new part of the cottage furnished and the old part decorated, with the result that our nurses have now a pleasant comfortable home sufficiently large for some years to come.

Ever since the hospital was opened the Woman's Hospital Aid Society has supplied all the linen required, doing also the necessary sewing. Imagine what it has meant to do all this sewing for eighteen years! The Society also renews each month all articles broken or destroyed. Only the initiated can have an adequate idea of how much china can be broken in the course of a month in an average hospital. At Christmas time the Society sends each year a most generous basket, supplying patients and staff with as good a Christmas dinner as could be desired.

How is the money for all this raised? One year an attractive entertainment of some kind is given. The next, perhaps it may be a house to house collection, which usually meets with gratifying success. By such means the towns' people are kept in close touch with the hospital.

The Society of which I write succeeded some years ago in establishing auxiliary societies in two or three of the neighboring towns, and these societies also render most valuable assistance to the hospital.

I would like to emphasize the fact that this Society is what it calls itself—an Aid Society—and that it never interferes in any way with the management of the hospital.

I feel that I have merely touched on the work of this admirable Society. The money value of what it has done for our hospital amounts to many thousands of dollars, but who can estimate the cheer and comfort brought to the sick by the quiet, steady perseverence of this noble band of women. One must feel that theirs will be the Master's commendation, the "Well done" of Him who said "I was sick and ye visited me."

Galt. A. I. ROBINSON.

THE CARE OF INFECTIOUS DISEASE IN A PRIVATE HOUSE.

My remarks will relate chiefly to scarlet fever, although, as far as the care of preventing the spreading of infection, it is practically the same for all such diseases.

In dealing with this subject, I think, the isolation of the patient and everything belonging to her, is the first thing to be considered. We are supposing the patient to be a child, as children are more prone to these diseases, and if there are others in the house they are to be sent to relatives or friends. If the isolation cannot be successfully carried out in a private house, the patient has to be removed to a hospital for that purpose.

In a city house, where the isolation can be completely carried out, the top flat is generally given over to the patient and nurse, and in that way things can be very comfortably arranged, as the nurse can then have a room for her own use, as well as the patient's room. In the patient's room it is wise to have as little furniture as possible, it minimizes the danger of infection and saves a great deal of work, the carpet and all heavy curtains and hangings are better removed, just enough left in the room to make it comfortable and pleasant; it doesn't seem necessary to be too severe and practical in these cases, as it is a long, weary, monotonous time for those isolated. Things might as well be made as comfortable and cheerful as possible, as the patient is kept in one room during the entire illness. A sheet is hung over the patient's door, and the stairway is also curtained off with sheets, so that the top flat is completely shut off from below stairs; these sheets are kept wet with a disinfectant solution. Whatever the attending physician likes used, some like one thing, some another. Carbolic is a great favorite, 1-100 or 1-200—this can be done by sprinkling the sheets with an ordinary whisk dipped in the solution, the same way with the floors before sweeping, then the dust and waste material can be rolled up tightly in a paper also wet with the solution and sent down to be burned.

In sprinkling the sheets, it serves a double purpose, the spray falls back on the nurse an helps to keep her disinfected. All linen and clothing should be soaked in a carbolic solution over night, the bath tub is the best thing for that, and care must be taken to mix it well, with very hot water, before putting in the clothes, so as not to destroy them, and the nurse must use her own judgment as to the quantity necessary, according to the amount of clothes to be disinfected.

All medicines, glasses, spoons, etc. used in treating the patient, are usually kept in the room on a small table, covered with a towel, and all poisons and disinfectants are kept in the bath room. All dishes, cups, spoons, plates, etc., used in feeding the patient and nurse are usually washed by nurse and kept upstairs; this is a trifle while the patient is on low diet and in bed, but during the long convalescence it is very trying, especially, for the patient to have an unattractive tray pushed under the sheet, as all dishes have to be carbolized before being sent down; sugar, salt, etc., can be always kept upstairs, but it is very difficult to serve a good appetizing dinner under these circumstances, and good nourishment at this stage of the disease is very necessary, and to meet this difficulty I have found one of those formalin lamps a great comfort; they can be procured at a comparatively low

cost, $2.50, and a box containing 30 tablets, of five each, of crystallized formalin, the lamp is like an ordinary spirit lamp, with a small cup attached to hold the tablet, which readily dissolves and gives off fumes when heated, so that when the meal is finished, if the lamp is lighted and placed on the tray, the fumes from half a tablet are sufficient to disinfect it, and then have it immediately sent down.

The formalin fumes, as you know, are very efficient, and these lamps are very useful in a country house, where the bath room has to be common property, and if one is lighted and placed in the hall leading to the bath room and another in the bath room itself, after the nurse is through with it, for the time being, it minimizes the danger, and keeps up a system of disinfection all through the disease.

Still presuming the patient to be a child, sometimes the mother or other member of the family, or even a nurse maid, will share the isolation, then an outing can be taken regularly and in turns after the severe part of the illness is over.

For all these occasions the formalin lamp is invaluable, as it takes only a few minutes to dissolve the tablets and have the fumes escaping in good volume, and I have known them to be used in a country house, where the parents remained at home, the father of the child went to his usual business; the servants also remained, and did their usual work.

As far as the medicinal treatment of the case goes, that rests with the physician, and the nurse carries out the orders and cares for the patient as in any febrile disease, only in infectious diseases there is more responsibility, as the physician, especially a general practitioner, who has obstetrical cases, doesn't like to call more than is absolutely necessary. There is a long gown kept in the bath room for him to put on before going into the patient's room, and a basin of solution for him to disinfect his hands and stethescope before going down stairs.

In scarlet fever the rash is usually well marked when the case is diagnosed, and it is important to watch the throat and urine.

The temperature is not always a reliable guide in children, the pulse and general tone will help; if a child is not feeling too badly he will want to play and get out of bed and do all sorts of things, but if ill, the reverse is the case.

The physician will order according to the requirements of the case. The period of isolation is anywhere from four to seven weeks, the latter part being the convalescent and most trying stage, and at this time there is sometimes ear trouble, the temperature will rise, and the patient become irritable, but in a short time the trouble will manifest itself and will be dealt with according to orders. This is also the period of desquamation and great care must be exercised in guarding against cold, as the kidneys are very susceptible, and the patient is more than likely to be left almost entirely to the nurse. The doctor will inquire by phone or otherwise, indirectly, for the report of the patient's condition and this report has to go through a medium, as it is not always wise and convenient for the nurse to use the 'phone, the message must be ready, concise and accurate. The time is usually arranged for ringing up, twice a day, morning and afternoon. As to desquamation, it is

as we all know the most dangerous time in scarlet fever, the flakes of dry skin are so light they can be carried anywhere; it is sometimes very difficult to detect the peeling, it begins at the tips of the fingers and toes, and will rub off like fine sawdust or peel off in satisfactory large pieces.

During this period the patient is usually ordered hot carbolic baths, and rubbed well after with carbolic vaseline. The baths are given as hot as can be taken and moderately strong, and again the nurse has to use her judgment as to the amount of acid to use, as some skins are more sensitive than others, and the age of the patient must be considered, and it is most important that the carbolic be dissolved in very hot water and not allowed to sink in globules to the bottom of a cold bath tub and burn the patient. If the child is large and strong enough he can walk to the tub; if a small child, a foot bath can be taken to the bed-side, and an ordinary child can be carried to it.

When the nurse is satisfied that desquamation is complete, the doctor is notified that they are ready to leave isolation, he can then call and examine the patient to be sure everything is alright, and in the meantime the downstairs can be gradually fumigated and fresh clothes and rooms are arranged and ready. In the city the health officer attends to the fumigating, but in the country, the nurse is expected to help, at least with information.

The last carbolic bath must be thorough. If the patient has long hair it is well to have it washed well with the solution two or three days following, before the final exit, and a good alcohol rub is a wise precaution the last thing before handing the victim into the fresh warmed blanket ready to receive him on the other side of the carbolic sheet.

If the isolation has been rigidly carried out upstairs, it simplifies things below, and those rooms may remain as usual, with the windows and doors shut and the formalin fumes introduced it takes from 3-4$\frac{1}{2}$ for an ordinary room. Formalin is the most satisfactory disinfectant, as it doesn't destroy or discolor anything and is very penetrating, and it can be put in a tin cup or a small kettle over a spirit lamp containing enough alcohol or methylated spirits to evaporate it, and this set in a basin or some vessel not inflammable, put in the middle of the room, the lamp lighted, the door locked and left over night, will be found sufficient, then these rooms can be aired and made ready to receive the emancipated ones.

The paitent's room requires more thought, the windows and doors must be sealed up, and everything arranged so that the fumes, all the drawers and cupboards opened up, the mattress placed side up against the bed, lines strung across the room to hold blankets and things that can't very well be soaked in the solution and all arranged so that there can be no question about the thoroughness of the disinfection, then the formalin kettle started and the room sealed and left at least twenty-four hours, and the whole top flat should be attended to in this way; after that the windows may be opened and rooms aired out, and if there is paper on the patient's room and other children to return to the house, it is well to re-paper.

The nurse must thoroughly disinfect herself, a hot carbolic bath, including hair, and leave all her outfit behind to be fumigated. It is wise to rest up and keep out in the air as long as possible before starting another case.

M. A. STANLEY.

REPORT OF THE CHIEF SUPERINTENDENT.

Another year has just closed and we have to report a steady, healthy growth in the work of the Order. During the year 1908 our nurses, in the districts and hospitals, have cared for 10,724 patients, and the district nurses have made 79,670 visits, 2,252 of which were night calls; 308½ days continuous nursing has been done. These figures show an increase over last year's of 11,577 visits paid, and of 154 days continuous nursing done.

Thirty nurses have been admitted to the Order; 9 are on the reserve list; 5 have re-joined and 21 have resigned; on account of ill-health, 1; to be married 7; to take up other work, 5; on account of unfitness for the work, 4; and from other causes, 4. The total number of nurses now working for the Order is 117, distributed as follows: Victorian Order nurses in the hospitals 31, Victorian Order nurses in the districts 52, nurses pursuing post-graduate course in the Training Homes of the Order 13, nurses-in-training in hospital training schools 21.

Thirty-five visits of inspection have been made by the Chief Superintendent, and 8 with a view to organizing.

Three new branches have been opened, viz.: districts in Galt and Brockville, and the Lady Minto Hospital in Minnedosa, Manitoba, and the district of Fernie, B.C., which was closed for a short time following the disastrous fire of last August has been re-opened.

The growth and many-sidedness of the work in Montreal merit special mention. Seven districts there have now resident nurses and the visiting nurse in connection with the recently formed tuberculosis class and the school nurses are Victorian Order nurses. During the Tuberculosis Exhibit in Montreal last fall, some of the Victorian Order of nurses were in constant attendance giving information and demonstrating. The last few months have been exceptionally busy ones for this branch owing to the prevalence of typhoid fever. A staff of 29 nurses have been kept steadily busy, and the results have been very gratifying.

Last summer Baddeck, C.B., was visited by a virulent type of dysentery, which attacked young children almost always resulting fatally, and old people. During that trying time our nurse did splendid work, proving herself one of

those many heroines whose noble deeds are done in the midst of common, everyday tasks.

Miss Mayou, in Labrador, is still rendering excellent service, nursing the sick, teaching the people in that far away land to live healthier, more wholesome lives and instilling into them the elements of true culture. In the appendix to this report will be found extracts from the very interesting letters received from Miss Mayou during the year.

And, meantime, comparatively new fields are lying ready to be worked more thoroughly; tuberculosis nursing, school nursing, visiting nursing, in connection with hospital extension, and as the congestion increases in our cities more and more sanitary missionary work must be done by our nurses. And each year new paths of usefulness will open up, and if the Order is to attain to its highest ideals, its members must stand girded, ready for whatever work may present itself. And one kind has already presented itself and is clamoring to be heard; this is district nursing in the extensive rural districts, more especially in the West and North, in parts where the farm houses are miles apart. Already many calls have come for efficient help from those out-of-the-way places. Three kinds of help are needed: the doctor's, the nurse's and the home-helper's. The first is solving itself very rapidly, as young, enthusiastic doctors are penetrating more and more into those districts. The Victorian Order can supply the second, and the third will work itself out in time. But the work of the Order is there, and it behoves us to recognize it, and to work out a satisfactory scheme to meet the needs of the people of those regions of extensive distances. Continuous nursing will have to be combined with visiting nursing; the nurse must have some kind of conveyance, as she will often be required to travel many miles in a day. The scheme will have to be worked out piece by piece, in definite places, and very wide latitude will have to be given, as each locality will present some new phase, no two will fit into the same mould, and to be effective the Order will have to recognize these phases and when considered advisable the rules will have to be made very elastic.

In conclusion, we would thank the Committees throughout the Dominion who, in so many ways, have lightened the burdens of the nurses, and by their sympathy and personal interest have enabled them to accomplish much more good than would have been possible without that personal touch, which means so much in this kind of work. To the workers, themselves, we shall only say: Continue loyal, faithful and enthusiastic. The work is worthy of it, and no greater reward can be yours than to have found a field of labor wherein you can work with loyalty, faith and enthusiasm. On you depend the usefulness, strength and beauty of the Victorian Order of Nurses.

All of which is respectfully submitted,

MARY ARD. MACKENZIE,
Chief Superintendent.

A post-graduate course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Superintendent, 578 Somerset St., Ottawa, or to the District Superintendent, 206 Spadina Ave., Toronto.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 6.15 p.m. Last Tuesday Holy Communion at R.V.H., 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494 Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

Our February meeting in Montreal proved a very delightful one, as on this occasion many of our members met our new Bishop, the Right Rev. Dr. Farthing, for the first time. Through the kindness of Miss Livingston, the lady superintendent, the service was held in the chapel of the General Hospital, over one hundred nurses being present. The service was very hearty, special thanks being due to those nurses who have taken much pains in learning the music, and who each month form a small choir, leading the hymns and chants, thus helping considerably to brighten our services. The Bishop gave the address, and afterwards, when we adjourned to the Nurses' Home, he was introduced to many of the members. He spoke repeatedly of his interest in hospital work and was evidently pleased to see such a large number present. Many of our members came from some distance, others who are interested in our Guild joined us on this occasion. The home presented quite a festive appearance as the nurses had taken considerable trouble in arranging beautiful flowers and providing refreshments. Our assistant superior was greatly missed, as she was prevented from being present through illness. We all hope soon to see her back, as we receive good accounts from her. We all sincerely trust this will not be the last visit we shall receive from our Bishop.

ANNIE STIKEMAN,
District Superior.

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage:
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given:
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven:
My soul will be a-dry before,
But, after, it will thirst no more.

—*Sir Walter Raleigh*

Elevate the Standard of Conduct.

And as that is but a feeble sermon which does not leave the preacher more rich in thought of those to whom he speaks, rest assured that I shall go hence the happier for the belief that I have done or said something to elevate the standards of conduct for the new members of a class which I have had so often to thank for making my life work successful. I said just now to elevate the standard of conduct. There is need to keep this in mind. Life, the life of detail, is full of things which belittle, and for this reason even though the great chances may never come in your way, it is well to consider yourselves as on heroic levels. I once sat by the bedside of a man who was slowly dying. He had been brought up to the business of brick laying, and had never risen above the mere manual work. He said to me that he had always wanted to do some big thing like stopping a runaway horse, or saving life at a fire. He had never had a chance. It seemed to trouble him. At last he said: "But I guess it's good for a man to want to do such things even if he never does get a chance." He was quite right. But indeed there is, too, in your lives and mine enough of the solemnities to keep us reverent and thoughtful. Unlike the rest of the busy world, we alone are ever seeing the entrances and the exits of the drama of existence, and more than others are nearest to these two vast mysteries between which lies the domain of life.—*S. Weir Mitchell, M.D.*

A Word for the Trained Nurse.

"I should like to say a word for the trained nurses. They differ, of course, like every other class taken from our imperfect humanity. But, on the whole, I do not believe that any other vocation develops in women equal sagacity, skill and delicate manifestation of tact and sympathy. And, while there are probably those who fail to appreciate them, I think they have the regard and in many cases real affection of the great majority of their worthy patients."

—*Arthur B. Conger, Rector of the Memorial Church of the Good Shepherd, Rosemount, Pa. From a sermon preached on St. Luke's Day, 1908.*

What We Have Done for Others.

"Alas! it is not when we sleep soft and wake merrily ourselves that we think on other people's sufferings. Our hearts are waxed light within us then, and we are for righting our ain wrangs and fighting our ain battles. But when the hour of trouble comes to the mind or to the body—and seldom may it visit your Leddyship—and when the hour of death comes, that comes to high and low—lang and late may it be yours!—oh, my Leddy, then it isna what we hae dune for oursells, but what we hae dune for others, that we think on maist pleasantly."—*Sir Walter Scott.*

The Canadian Nurse

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Editorial

THE RESIGNATION OF MISS BARWICK.

The resignation of Miss Barwick, who has been the Registrar of the Toronto Central Registry of Graduate Nurses since its earliest beginning, is a severe loss to the profession and will be felt, not only by the nurses, but by hundreds of physicians in Toronto and elsewhere. Miss Barwick, a graduate of the Johns Hopkins Hospital Training School for Nurses, a member of an old and highly-respected Toronto family, of high medical traditions, made such a success of the Registry that she was repeatedly invited to Ottawa, Cleveland and other Canadian and American cities to address nurses' associations on the subject. She has done good service every day of her occupancy of the Registrarship and we part with her in that special capacity with genuine regret and with a grateful sense of her good and faithful and far-reaching labours.

Miss Barwick's personality, her unselfishness, her conscientious discharge of her duty, counting nothing any trouble which would conduce to the comfort of the patient or the help of the physician, will not soon be forgotten. She will always possess the confidence and good-will of those who have worked with her. To Mrs. Downey, the new Registrar, "The Canadian Nurse" would take this opportunity of wishing all success in her important work.

THE ASSOCIATION OF NURSING SUPERINTENDENTS OF INDIA.

The annual report of this association has just reached us, bound in red and gold, and meets with a warm welcome. It contains, besides the reports of the secretary and treasurer, a number of very interesting addresses delivered at a conference held in Calcutta, at which registration for nurses in India, the establishment of a nursing journal for India, the place of the Indian nurse in social service, and other topics of the time, for the West as well as for the East, are taken up.

NURSES' EXHIBIT IN LONDON.

We have received from Miss L. L. Dock, the Hon. Sec. of the International Congress of Nurses, the following letter, which we cordially commend to the interest and attention of our readers:

To the Editor of "The Canadian Nurse":

Dear Madam,—May I through your columns remind the Canadian nurses that an exhibit is to be held in connection with the coming International Congress of Nurses in London, of useful appliances and inventions which are

the work of nurses, and that every nurse who has devised or improved anything used in the sick room or the care of the patient generally is urged not to forget to send an exhibit. Also we hope for a good display of nursing literature, journals, reports, books, and alumnae leaflets. At Paris, all the nursing journals were taken like hot cakes, and it is a good way to show what nurses are doing.

All contributions should be addressed to the International Headquarters, 431 Oxford St., London, W.

A MAGIC LANTERN RECEIVED.

This is the sequel to "A Magic Lantern Wanted" and "Making Good Canadians," which appeared in our April number. The Alumnae Association of Toronto General Hospital, on reading Mrs. Munro's letter in "The Canadian Nurse," decided to send her the magic lantern which she needed. We are delighted to be able to inform our readers of this generous action. As the president of the Alumnae, Miss Lucy Bowerman, says: "It may induce others to tell what they want and broaden all our sympathies."

THE CANADIAN HOSPITAL ASSOCIATION.

The third annual meeting of the Canadian Hospital Association took place at the Parliament Buildings, Toronto, on April 12th and 13th, and was a decided advance on the meetings of previous years. Dr. Dobbie, the president, delivered a brief and informal opening address, welcoming the members, and calling attention to the problems before them. Miss Kate Mathieson, superintendent of the Riverdale Isolation Hospital, gave an interesting paper on "The Nursing of Contagious Diseases."

Dr. Campbell Meyers presented a paper on "Neuropathic Wards in Toronto General Hospital," and presented a typical case of nervous disease giving a very interesting clinical history.

In the afternoon Dr. R. W. Bruce Smith, Inspector of Hospitals and Charities, gave a practical and helpful talk on "The Ideal Small Hospital." This was followed by a paper of great excellence and value by Dr. E. M. Von Eberts of the Montreal General Hospital, Montreal, which will be found elsewhere in the present issue.

A visit to Weston Sanitarium closed the day's programme, and on return the association held a dinner at which Mr. J. P. Downey, M.P.P., was to have made an address. It was unfortunately impossible for Mr. Downey to be present, but the secretary was able to secure Dr. J. A. Amyot, Provincial Bacteriologist, who gave an address of great interest and force on "Milk Problems."

On the second day the leading papers were: "The Care of Convalescent Patients after Leaving the Hospital," Miss Louise A. Brent, Hospital for Sick Children; "Some Points in the Architecture of Small Hospitals," Edw. F. Stevens, Esq., Hospital Architect, Boston, Mass.; "The Inadvisability of Training a Nurse for Her First Year in a Small Hospital with the Idea of

Having Her Complete Her Course in a Large Hospital," Miss N. M. Miller, Ross Memorial Hospital, Lindsay; "The Evolution of Surgical Technique During the Last Half Century," Dr. H. A. Boyce, Kingston General Hospital, Kingston; "To What Extent Does the Small Hospital Fit its Graduates for Institution Work," Miss N. Morton, Collingwood; "What a Woman's Aid Society Can Do," Miss A. I. Robinson, Galt Hospital, Galt. We have great pleasure in announcing that by the courtesy of the secretary, Dr. J. N. E. Brown, we hope to print all these papers for our readers in the near future.

The officers for 1909-1910 are:

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Editorial Notes

Britain.

The Territorial Force.—The Nursing and Army Medical Departments of the Territorial Force have made truly remarkable progress. Everyone seems in earnest about this.

Belgium.

Nursing Progress.—This is very marked in Belgium just now. A new training school has been established at the Hospital St. Jean and great hopes are entertained of its success.

Finland.

Epione.—This is the nurses' journal for Finland. In a recent number an article appears advocating an outdoor uniform, which the writer thinks should almost be made compulsory.

New Zealand.

Maternity Hospitals.—These have been established by the state in all large centres of population in New Zealand. These hospitals have nurses specially trained in midwifery on their staff.

Switzerland.

Organization.—The journal of the Swiss Red Cross Society has an article advising and urging nurses to form an organization of their own.

Germany.

Nursing Housekeepers.—The German Red Cross Society has instituted a special course for nursing housekeepers.

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Miss Graves, St. Michael's Hospital, Toronto

Editor
Dr. Helen MacMurchy, 133 Bloor St. East, Toronto.

Official Department

Queen Alexandra's Imperial Military Nursing Service.
The Canadian Permanent Army Medical Service (Nursing Branch).
The Canadian Society of Superintendents of Training Schools for Nurses.
The Canadian National Association of Trained Nurses.
The Association of Hospital Superintendents of Canada.
The Canadian Nurses' Association.
The Manitoba Association of Graduate Nurses.
The Graduate Nurses' Association of Ontario.
The Victorian Order of Nurses.
The Guild of St. Barnabas for Nurses.
The Brockville Graduate Nurses' Association.
The Collingwood G. and M. Hospital Alumnae Association.
The Calgary Graduate Nurses' Association.
The Edmonton Graduate Nurses' Association.
The Ottawa Graduate Nurses' Association.
The Fergus Royal Alexandra Hospital Alumnae Association.
The Galt General Hospital Alumnae Association.
The Guelph General Hospital Alumnae Association.
The London Victoria Hospital Alumnae Association.
The Kingston General Hospital Alumnae Association.
The Montreal General Hospital Alumnae Association.
The Montreal Royal Victoria Hospital Alumnae Association.
The Ottawa Lady Stanley Institute Alumnae Association.
The St. Catharines General and Marine Hospital Alumnae Association.
The Toronto Central Registry of Nurses.
The Toronto General Hospital Alumnae Association.
The Toronto Grace Hospital Alumnae Association.
The Toronto Graduate Nurses' Club.
The Toronto Hospital for Sick Children Alumnae Association.
The Toronto Riverdale Isolation Hospital Alumnae Association.
The Toronto St. Michael's Hospital Alumnae Association.
The Toronto Western Hospital Alumnae Association.
The Winnipeg General Hospital Alumnae Association.
The Vancouver Graduate Nurses' Association.

ALUMNAE ASSOCIATION, TORONTO GENERAL HOSPITAL.

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THE ALUMNAE ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

For the year ending October 15th, 1908.

Officers for 1908-09: Miss Barnard, President; Miss A. Clarke, 1st Vice-President; Miss L. Adams, 2nd Vice-President; Miss A. Robertson, Recording Secretary; Miss B. Goodhall, Corresponding Secretary; Miss M. Wilson Treasurer; Miss M. Gray, 505 Sherbourne St., Secretary for "Invalid Cookery"; Misses M. Haley, E. Jamieson and M. Ellrington, Directors; Miss J. Hamilton, 608 Church St., Convener of General Business Committee; Miss Sales, Miss McQuaig and Miss J. Gray.

THE ALUMNAE ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-09: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M. Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the board room of the hospital.

APPOINTMENTS, PROMOTIONS AND RETIREMENTS, CANADIAN MILITIA, 1909.

Headquarters, 9th February, 1909.

The following appointments, promotions, retirements and confirmations

of rank are promulgated to the Militia by the Honorable the Minister of Militia and Defence in Militia Council.

Army Medical Services.—Army Medical Corps.

To be a Nursing Sister: Miss Margaret Marjorie Fraser. 1st January, 1909.

Headquarters, 23rd February, 1909.

To be a Nursing Sister: Miss Isabel Catherine MacIntyre. 28th January, 1909.

By command,

F. L. LESSARD,
Colonel, Adjutant General.
Tuesday, 16th March.

Leave of absence has been granted to Nursing Sister H. Jarvis, P.A.M.C., from the 30th instant to the 30th April next. (H.Q. 3344—2.)

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE

The following ladies have received appointments as Staff Nurses: Miss C. M. Roy, Miss K. J. Stewart.

Postings and Transfers.

Matrons.

Miss E. A. Dowse, R.R.C., to Malta, from Military Hospital, Cork.

Sisters.

Miss L. M. Moor, to Military Hospital, Bloemfontein, on arrival in South Africa.

Miss S. I. Snowdon, to the Q. A. Military Hospital, Millbank, London, from Military Hospital, Dover.

Miss C. Anderson, to Royal Infantry, Dublin, on return from South Africa.

Miss E. H. Hordley, to the Alexandra Hospital, Cosham, from duty on T. S. "Plassy."

Miss A. Rowe, to Military Hospital, Devonport, from duty on T. S. "Plassy."

Miss S. B. Lanyon, to Military Hospital, Curragh, from duty on T. S. "Plassy."

Staff Nurses.

Miss G. M. Watkins, to Roy. Vic. Hospital, Netley, on appointment.

Miss M. German, to Egypt, from Military Hospital, Devonport.

Miss E. Close, Miss C. M. Williams, to Military Hospital, Pretoria, on arrival in South Africa.

Appointments Confirmed.

Staff Nurses.—Miss E. V. Forrest.

Arrivals.—Miss K. M. Hewetson, sister, from Gibraltar.

C. H. KEER,
Matron-in-Chief, Q.A.I.M.N.S.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The annual meeting of the Graduate Nurses' Association of Ontario will, by kindness of Miss Brent, be held in the residence, Hospital for Sick Children, on Saturday, May 22nd, 1909. There will be two sessions, afternoon at 2.30 and evening at 8 o'clock. The following is the programme:

Afternoon.

1. Devotional exercises.
2. Opening address by President Falconer, of Toronto University.
3. Roll call.
4. President's address.
5. Reading of minutes.
6. Report of corresponding secretary.
7. Report of treasurer.
8. Reports of committees.
9. Announcement of elections.
10. Miscellaneous business.
11. Paper, "Problems of the Private Duty Nurse," by Miss De Witte, assistant editor "American Journal of Nursing."
12. Discussion—Miss Lucy Bowerman and others.
13. "Registration for Nurses," by Miss Eastwood, Supt. V. O. N., Toronto.
14. Discussion.
15. Demonstrations by Miss Potts, assistant superintendent S. C. H. Training School: (a) Making of whey for infant feeding; (b) handling and bathing of splint cases.

Evening Session, 8 p.m.

1. Address by John Ross Robertson.
2. Paper, "New Treatments of Various Diseases," by Miss Jewison, G. H., Toronto.
3. Discussion.
4. Recitation, Miss Jessie Carter.
5. Address, Mrs. Torrington, president local Council of Women.
6. Question Drawer, Miss A. I. Robinson, Supt. Galt Hospital.

Refreshments.

All nurses, whether members of the association or not, are cordially invited to attend the meetings, and take part in the discussions. Questions for the Question Drawer may be sent to Miss Robinson, the Hospital, Galt, Ont., or to the recording secretary, Miss J. Stewart, 12 Selby St., Toronto.

N.B.—The names of all those who are in arrears for membership fee for over a year will be erased from the roll after this notice.

Hospitals and Nurses

Miss John and Miss Ford both of the V. G. H., have accepted positions in the operating room of the Miner Hospital, Seattle, Wash.

Mrs. J. B. Hart (Margaret Clendenning, T. G. H.) is convalescing in Victoria, B.C., after a serious illness of some months.

Miss Hart, V.G.H., is taking charge of the operating room of the General Hospital, succeeding Miss Rose, who is planning a long visit to California.

Miss Rodd, R.V.H., assistant superintendent Vancouver General Hospital, is enjoying a month's holiday in Alberta.

Miss Frances Bond is acting superintendent at the Tranquille Sanatorium till arrangements can be made for a permanent nurse-in-charge.

Miss Pringle, superintendent of the Miner Hospital, Seattle, is spending a short holiday with her mother in Vancouver.

Miss Thomson, having finished her course in training at Stratford General Hospital, has taken up private duty in that city.

The Washington State bill for registration of graduate nurses passed in March the last session of the legislature.

The engagement is announced of Mr. A. E. A. Sterling and Miss Pearl F. Chambers (T. G. H.)

Miss Sawyer, of the Riverdale Hospital, has gone to Battle Creek Sanitarium, Michigan, for a six months post-graduate course.

The different associations of graduate nurses in British Columbia are preparing a bill for registration to be presented at the next sitting of the local House.

Miss M. R. Macdonald, class 1901, Boston City Hospital, has been appointed superintendent of the training school at St. Joseph's Hospital, Tacoma, Washington.

Miss Mitchell has returned to Toronto, where she was warmly welcomed back by her many friends. Miss Mitchell has resumed private nursing and will reside for the present at No. 66 D'Arcy Street.

Miss Leishman, who was the winner of the 1908 prize in surgery at the T. G. H., succeeds Miss Thorpe as head nurse of the operating theatre at Toronto General Hospital.

Miss C. K. Clark, Victoria Hospital, London, Ont., has been recently sent by the Victorian Order to assist in the Lady Minto Hospital, Melfort, Sask.

Miss Marie A. Tripp, 15 Rue Petrarque, Paris, France, a Canadian nurse with many friends in her native land, is in charge of a residence for nurses in Paris, at which several Canadian and American nurses expect to stay when they visit Paris this summer.

The usual monthly meeting of the Toronto Registry of Graduate Nurses took place on Monday, April 5th, 1909, eight members being present. Miss Graves took the chair for the evening. Treasurer's report—Registry calls, 173; money in savings bank, $651.54; current account, $133.77; on hand, $15.00; members on registry, 278; applications for membership, 1, which was accepted. Resignations—Miss Meyers' resignation was read and accepted and Miss Argue appointed convenor for the balance of the year. Miss Barwick's resignation was also accepted and Mrs. Downey of St. Luke's, Hospital, Chicago, was elected registrar in her place. Five applications for registrar were submitted to the committee. The subject of honorary members being retained was discussed, and it was decided that they be retained, but only allowed to vote when there was only one representative present. The word "honorary" to be changed to "chartered." Miss Barwick in her usual kind and courteous way entertained the committee and the meeting adjourned to the first Monday in May.

A quiet and charming wedding took place last month when Frances, daughter of Mr. W. J. Standen, 19 Isabella Street, was married to Mr. James Alexander Lennox, of Fairview Farm, Ivy, Ontario. The bride was at home to her friends in an informal manner a fortnight previously, and many of her friends took the opportunity to wish her much happiness. The wedding took place at College Street Baptist Church, and the bride wore a grey travelling suit with a corsage bouquet of orchids.

On Wednesday, March 31st, Miss Snively, superintendent of the Training School for Nurses of Toronto General Hospital, gave a most pleasant reception to Miss Thorpe, who has been in charge of the operating theatre of the hospital for some years. It was a "house party," very few outsiders being present, and was very much enjoyed by Miss Thorpe and her friends. Miss Thorpe received from the Training School two beautiful silver entree dishes and from the surgical staff of the hospital, by whom her services are greatly appreciated, a valuable case of cutlery.

Mrs. Staebler, lady superintendent of Stratford General Hospital, gave a very practical demonstration of the care of a sick-room, of the patient, bed-making, bathing and use of bandages, etc., in the Sunday School room, Knox Church, Tuesday, March 23rd, before a large audience of ladies. Mrs. Staebler was assisted by a pupil nurse-in-training at the hospital, who carried out her work very deftly, eliciting applause from the entire audience. In all the meeting was a splendid success, and valuable instruction was received by those present.

At the last monthly meeting of the Pierce County Graduate Nurses' Association, held at the Fanny Paddock Hospital, delegates to the National Alumni Association at Minneapolis and to the State Association were chosen. The representative to the National will be Miss Edith Weller, R.N., of the Northern Pacific Hospital; to the state convention to be held at Seattle June 16 and 17, are Misses Harmer, Melroy, Jones and Juergens. The Pierce County Association has a membership of seventy-five and is in a prosperous condition.

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Miss Thorpe, well known among the profession in Ontario as the head nurse for years of the operating theatre at the T. G. H., will be married early in June to Mr. Wayling, formerly of the ranching district of the Canadian West. She will be married quietly from her home in Sharon, and the wedding trip will be to the Pacific coast. On returning, her new home will be in North Toronto.

Mrs. Bezanson (Miss Dorothy Robillard), a graduate of New York Hospital and the daughter of Dr. Robillard, Medical Health Officer of Ottawa, who went to Edmonton in 1907 to practise her profession, and was shortly afterwards married to Mr. A. M. Bezanson, died recently away up the Peace River Valley, whither she had gone with her husband and sister. Very great regret is felt at her death and much sympathy goes out to her relatives.

The many friends of Miss A. R. Cleland, of Vancouver, B.C., will be very glad to learn of the improvement in her health. Last August Miss Cleland had an attack of ptomaine poisoning. Multiple neuritis followed. She has been confined to bed for five months. While still suffering intensely, the doctor believes there is every hope now of her ultimate recovery.

The Board of the Children's Hospital of Winnipeg has issued the following appeal, which we hope will be very successful: "A great Frenchman has said, 'Your country has need of all your children, and humanity demands your best efforts on their behalf.' In answer to numerous enquiries regarding the proposed Children's Hospital, the Provisional Board wishes to draw attention to the following: It is an undeniable fact that the present accommodation for sick children is totally inadequate for the rapid influx of immigrants, the majority of whom are obliged to live under crowded and unsanitary conditions. It is the aim and object of the Board to establish a hospital for children of people unable to pay for private accommodation or skilled attendance in their own homes. There will be no personal canvassing of houses, offices or stores. Will you help? Mrs. J. H. R. Bond, president, 167 Donald St.; Mrs. W. S. Grant, secretary, 343 Wardlow Ave.; Mrs. Geof. Walker, treasurer, 118 Scott St."

At the last meeting of the Alumnae Association of the Hospital for Sick Children, the nurses formed a society to be known as the Heather Club, the officers being: Hon. President, Mr. J. Ross Robertson; President, Miss Josephine Hamilton; 1st Vice-President, Miss Ella Jamieson; Recording Secretary, Miss Fellows; Corresponding Secretary, Miss Moody; Treasurer, Miss McQuaig; Directors—Miss Sale, Miss Mary Grey, Miss Isaac. Miss Brent, superintendent of Training School, joined as an active member, and is proving herself to be delightfully so, in supplying the first work for the society in the discharged tubercular patients from the hospital. Dr. Porter and Dr. Elliott have helped much in outlining the needs of the tubercular patients in their homes and in encouraging us in the effort to help them. The membership fee is 25 cents. We wish all friends of the cause to become members, pay fees and give and solicit donations. The object is to help all tubercular children in their homes, and the parents in the care of them and

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the protection of other children in the homes. We hope soon to appoint a salaried trained nurse to supervise the work.

The Rev. A. S. Grant, M.D., from the Yukon, addressed the members of the Toronto General Hospital Alumnae Association at their regular monthly meeting for April. In his talk on "Life in the Far North," he told of the progress made in the Yukon since he went in in 1897. In that year one hundred thousand crossed the passes into the land where all expected to make their fortunes. The great majority became discouraged in a few years and this combined with improper food and sanitation brought many patients into the Good Samaritan Hospital, which was built by Dr. Grant at the same time as St. Andrew's Presbyterian Church. To-day the journey to Dawson, from being a difficult and perilous one, has become a real pleasure trip, and the country itself has few of the unpleasant features we usually credit to it. The winter is cold, the thermometer averaging 50 degrees below zero, but the dryness and rarity of the atmosphere make it very agreeable. The spring, however, has a charm of its own in the return of the sun, which comes as a welcome friend after the prolonged darkness of the winter. The new St. Andrew's Church, which has taken the place of the old log building, is a fine $45,000 city church with a $15,000 organ, the first good pipe organ in the Yukon.—Press report.

BIRTHS.

McCallum.—To Mr. and Mrs. John McCallum, Dauphin, Man., twin girls. Mrs. McCallum was Miss Hyde, class 1909, T. G. H.

Kyles.—On April 4th a son to Dr. and Mrs. Robert Kyles. Mrs. Kyles (nee Miss McArton) is a graduate of the T. G. H.

MARRIED.

De Bourgneuf-Cassel.—On March 31st, 1909, at Winnipeg, Man., Mary Cassel, graduate of Toronto General Hospital, Toronto, Canada, class 1891, to E. R. de Bourgneuf, of South Junction, Man. Mr. and Mrs. de Bourgneuf will live at South Junction, Man.

THE UNITED STATES.

The Associated Nurses' Alumnae of the United States have now taken over as their own property this splendid nurses' magazine, and own all the stock of the company which publishes it.

EXAMINATIONS AT TRAINING SCHOOL FOR NURSES

At the examination for nurses recently held in the Training School of St. Joseph's Hospital, six were successful in obtaining diplomas. Among the graduates is Miss Frances O'Leary, who obtained a very creditable standing. The graduation exercises were of a private nature as the greater number of the class are sisters.

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INTERNATIONAL CONGRESS OF NURSES.

We learn from the "British Journal of Nursing" the latest news of the International Congress of Nurses and Exhibition, July 19 to 23, 1909.

The principal meetings will be held in the Council Chamber at Caxton Hall, arranged to hold about 400, so that women's voices need not be strained to reach the audience, and the following important subjects will take precedence:

1. The International Standard of Nursing Education.
2. The Nurse in Private Practice.
3. The Nurse as Citizen.
4. Morality in Relation to Health (for women only).
5. The Care of the Insane.
6. The Nurse as Patriot.
7. The Nurse in the Mission Field.
8. The Relations of Nursing and Medicine.

A small hall has been reserved for conferences on questions of interest such as Thrift and Provident Nursing, Preventive Nursing, Professional Journalism, etc., and the committee will be pleased to hear from any nurse who wishes to suggest questions for discussion.

The Hon. Albinia Brodrick has kindly consented to act as Chief Steward in charge of the Congress Halls, and will be supported by a dozen ladies who are linguists.

Miss Beatrice Kent will act as Chief Steward in charge of the Exhibition, and will have several ladies to help her in this interesting department.

Miss Beatrice Cutler, with assistants, will supervise the Bureau of Information, which will be no sinecure, and see generally to the happiness and comfort of our guests.

The Exhibition.

Good progress is being made with the Exhibition of Nursing Appliances, etc. The Irish Nurses' Association, always up and doing, will organize an Irish Nursing Exhibit, in which gynaecological and abdominal nursing will play a prominent part. A committee, of which Miss MacDonnell, R.R.C., is secretary, is already at work, and Irish nurses wishing to help should address her at 86, Lower Leeson Street, Dublin, marking their letters "Congress Exhibit."

The District Nursing Exhibit is being arranged by Lady Hermoine Blackwood, Queen's Nurse, and Miss E. L. C. Eden, Organizing Secretary of the Nurses' Social Union. This exhibit will be in a small room to itself opening out of the Exhibition Hall, which is very light and convenient. St. Bartholomew's Hospital Nurses' League will organize the exhibit of operating room and ward appliances, made by and used by nurses. The Leicester

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Infirmary Nurses' League will arrange to show the dressings and appliances used in nursing the "head" (brain, skull, eye, ear, nose, mouth and throat). The St. John's House Nurses' League take maternity nursing, a specialty in which they appear highly expert, to judge from the beautiful exhibit at our last little exhibition in 1906. The Registered Nurses' Society will look after nursing literature, photographs, badges, pins, and brassards. Other sections are on the way, and from our American and foreign guests we are looking forward to help in making the nurses' practical exhibits full of interest. Next week we shall announce the prizes which are to be offered—(1) for the best sections, and (2) for nurses' inventions.

THE NEW AMERICAN HOSPITAL IN PARIS.

It is expected that the new American Hospital in Paris will open its doors to the public during the next two or three months. It will fill a long-felt need, as Americans have suffered greatly, during illness, from lack of such a place. They will now be able to have all modern comforts, and the best of care among their own people, as the doctors and nurses are all Americans, or American trained. Mrs. Dean, who for many years filled the position of lady superintendent at Mount Sinai Hospital, New York City, has been asked to accept the same position in this hospital. With a staff of good doctors, and a woman as capable as Mrs. Dean to manage things, the success of the hospital is assured. The directors have wisely chosen for the hospital site, a quiet spot, just out of the city, away from all noise and dust. The present building has accommodation for twenty-six patients; it is surrounded by a delightful garden, a most desirable thing for convalescents. There are large sun terraces on the roof, which are reached by two elevators, each built to accommodate a bed. In this way patients can always have the advantage of both sun and air. The operating-room is one of the best, with every modern appliance. The heating will be furnished by a brass tank, built in one of the walls. There are two good-sized wards, eleven private rooms, with sitting rooms, dining rooms, bath rooms, etc. The institution is designed for all classes in the growing American colony—students, artists, and business people.

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THE WINNIPEG CHILDREN'S HOSPITAL

About a month ago there occurred in Winnipeg an event to which the "Canadian Nurse" has long looked forward—the opening of the Children's Hospital in Winnipeg. Surely this is a cause for joy. Children's hospitals do so much good and save so much suffering.

Never a good deed is done in this world but somebody does it. In this case the good and kind person—the John Ross Robertson of the Winnipeg Children's Hospital—was Mrs. Bond. Mrs. Bond is the father and the mother of the institution.

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WM. ERWIN, M.D. (Hahnemann and Rush Med. Coll.)
FRANCIS J. DEGER, (Instructor Medico-Chirurgical College.)
MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and Lecturer to St. Joseph's, St. Mary's, Mount Sinai and W. Phila. Hospital for Women, Cooper Hospital, etc.)
FRANK B. BAIRD, M.D., (University Pennsylvania)
WM. EGBERT ROBERTSON, M.D., (Associate Professor of Medicine, Medico-Chirurgical College.)
HELENE BONSDORFF (Gymnastic Institute, Stockholm, Sweden).
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"And let us say just a word in passing of the noble unselfish woman who has made all this good possible—Mrs. J. H. R. Bond. For years she has worked bravely, meeting with rebuff and opposition at first from many who now support her efforts. No one knows but herself of the discouragements she faced and obstacles she overcame. She will not speak of them but smiles happily, for has she not achieved the first step in her march to the relief of the suffering? Mrs. Bond is a trained nurse, and accompanied the English army on its expedition into Egypt and South Africa. She has several medals stowed away somewhere which bear testimony to the excellent services she rendered to her majesty's men in the time of their need. During her long term in England's largest hospitals the claim of the little children always appealed to her strongly. Since her arrival in Winnipeg the deplorable condition of the foreign element which swarms the north end, has added fuel to the fire of ambition to help the children. To-day this good lady sees the modest beginning of the realization of her labor."

The Mayor of Winnipeg, Mr. Sanford Evans, officiated at the opening of the building on Beaconsfield Street, which is to be the home of the new hospital, which commands a lovely view of the river and beyond. Hon. T. M. Daly and others spoke and refreshments were served. The superintendent is Miss Elsie G. Fraser, of London, Eng. The staff is Drs. J. R. Jones, Moody, Bjornson, McKenty, Nichols and Todd. A very large number of visitors showed their interest by attending the opening.

"The first patient arrived Friday afternoon in the mother's arms. He was a tiny, dark, shrivelled little Russian baby of four months. He was too weak and feeble to cry. His mother was a young bonnie girl, whose pretty face was beginning to show the lines that poverty and worry leave in their wake.

"The father of this pitiful little mite of humanity has only been in this country a short time, and finds it impossible to obtain work. This renders the little family practically destitute and they are forced to huddle together in unsanitary quarters of diminutive dimensions. It was from this scene of cold and squalor that the wee chap was carried to that beautiful snowy haven, which is to provide health and happiness for all the little ones who enter its hospitable portals.

"The heart-broken mother laid him in the arms of that sweet-faced gentlewoman, Miss Fraser, who is the matron of the hospital. She carried the little sufferer gently away, bathed him and dressed him in dainty warm garments and laid him tenderly in the pretty cradle which some good mother thoughtfully donated. A doctor was called and diagnosed his case.

"He is only the first of hundreds which will be brought in search of health to this old brown house, with its inviting interior. Ere long the snow will disappear under the benign persuasion of spring's balmy zephyrs; the trees will send forth their green leaves, and the spacious lawn surrounding the old house will be covered with little ones, who will draw in life and happiness with every breath of the pure ozone.

"The hospital will take ailing children from the arms of their helpless foreign mothers who are at sea in this new land. They will get a good start on the stony road of life."

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The dressing of Antiphlogistine must be at least an eighth of an inch thick, covered with a plentiful amount of absorbent cotton and held snugly in place by a bandage.

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The Nurse's Library

Primary Studies for Nurses: A Text-Book for First Year Pupil Nurses. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of the Iowa Methodist Hospital, Des Moines. Philadelphia and London: W. B. Saunders Company, 1909. $1.75. Toronto: J. A. Carveth & Co. The newest nursing text book is new in plan and contents as well as in time. Our readers do not need to be told that Miss Aikens' style is admirable for teaching purposes, and no one could fail to note how clearly and accurately every subject is presented. One of the virtues of the book is its completeness. It deals with everything necessary to the work of the junior nurse, including anatomy, physiology, hygiene, bacteriology, therapeutics, materia medica, dietetics and invalid cookery. The book abounds in common-sense hints and directions and is evidently the product of the writer's long experience and careful thought on nursing subjects. The illustrations, over one hundred in number, add much to the value of the book, which is a satisfactory and important text-book.

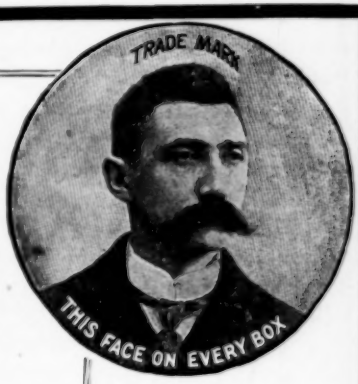
The Annual Report of St. Vincent de Paul Hospital, Brockville, Ont. conducted by the Sisters of Charity of the House of Providence, Kingston, for the year ending December 31st, 1908. This report is an excellent one, and shows that 893 patients were admitted during the year, more than one-half of whom were unable to pay for maintenance. The report is handsomely printed and illustrated, and we have read it with great interest.

The Medical Inspection of School Children. Price, one shilling. London: The Medical Officer, Whitefriars Street, E.C. This little book of sixty pages, bound attractively in grey paper, contains five lectures delivered at the West London Post-Graduate College. One general introductory lecture is followed by four others on Skin Diseases, the Eyes, the Ear, Nose and Throat, and the Teeth. They are all by medical experts, and to a school nurse, or a district nurse, would not only be helpful, but very interesting.

Three books of the Gulick Hygiene Series have now been published: Book I, Good Health; Book III, Town and City; and Book V, Control of Body and Mind. Two are in preparation or in the press: Book II, Emergency Book, and Book IV, The Body at Work. These five volumes form the best series of books on school hygiene for scholars that there is, and we commend them heartily to our readers.

We are indebted to the Superintendent, Miss Morton, for a copy of the Annual Report of the General and Marine Hospital. We note that there were 92 operations performed during the year, and that the hospital has been filled to its utmost capacity. The nurses are rejoicing in the gift of a new sewing machine, and are only waiting for the piano which they will get some day soon.

The Instructive District Nursing Association of Boston has just published its twenty-third Annual Report. The association has for its object to provide and support nurses who shall care for the sick poor of Boston in their



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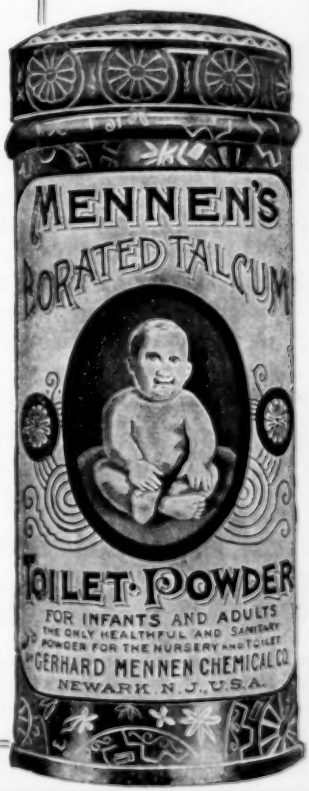
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own homes. They do a great work in Boston, and the report, which is illustrated with interesting photographs "taken on the spot," is well worth reading.

Practical Dietetics: Alida F. Pattee, Mount Vernon, N.Y. Miss Pattee's excellent work on dietetics, of which she is both publisher and editor, has now reached the fifth edition, since July, 1903. This speaks volumes for the book, which we have great pleasure in commending again to our readers.

The Health Education League of 113 Devonshire St., Boston, Secretary, Rev. Geo. H. Cate, has published the following valuable booklets: No. 1—Hints for Health in Hot Weather; two cents each, $1.50 per hundred. No. 2—Milk; by Charles Harrington, M.D.; three cents each, $2.50 per hundred. No. 3—"Colds" and Their Prevention; two cents each, $1.50 per hundred. No. 4—Meat and Drink; by Ellen H. Richards; three cents each, $2.50 per hundred. No. 5—Healthful Homes; four cents each, $3.00 per hundred. No. 6—The Successful Woman; by William R. Woodbury, M.D.; four cents each, $2.50 per hundred. No. 7—The Boy and the Cigarette; by H. Sterling Pomeroy, A.M., M.D.; five cents each, $3.00 per hundred. No. 8—The Care of Little Children; by R. W. Hastings, A.M., M.D.; three cents each, $2.50 per hundred. No. 9—The Plague of Mosquitoes and Flies; two cents each, $1.00 per hundred. No. 11—Tonics and Stimulants; by Ellen H. Richards; two cents each, $1.50 per hundred. No. 12—Emergencies; by Marshall H. Bailey, M.D.; eight cents each, $5.00 per hundred. No. 13—Microbes Good and Bad; by Anne F. Rogers; four cents each, $3.00 per hundred. No. 14—The Care of Babies; by Gaetano Praino, M.D.; wall card (10 x 14) in Italian; three cents each, $2.50 per hundred. No. 15—The Efficient Worker; by Ellen H. Richards; four cents each, $2.75 per hundred. No. 16—Sexual Hygiene; by an experienced physician; four cents each, $2.50 per hundred. No. 17—Health in Labor Camps; three cents each, $1.75 per hundred. No. 18—Tuberculosis (Consumption); by Edward O. Otis, M.D.; five cents each, $3.00 per hundred. Samples of these booklets will be sent postpaid to any address on receipt of price. We have nothing but praise for these little books. They are reliable, scientific and timely. They have been distributed in thousands by hospitals, schools, churches, and business organizations. They have done much good and will do more. District nurses, school nurses and others among our readers will find them a great help.

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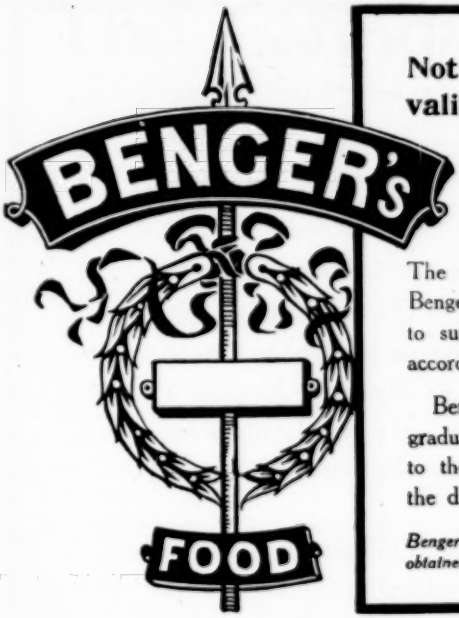

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